

COUNTY BOROUGH OF BOURNEMOUTH

Annual Report

of the

Medical Officer of Health

and

Principal
School Medical Officer

for the Year 1959

PUBLIC HEALTH DEPARTMENT, 17, St. Stephen's Road,

BOURNEMOUTH.

Telephone: Bournemouth 22066.





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ANNUAL REPORT

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Public Health Department,
17 St. Stephen's Road,
Bournemouth.

To the Mayor, Aldermen and Councillors of the County Borough of Bournemouth.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health and sanitary conditions of the County Borough of Bournemouth for the year 1959, the eighty-first in the series.

Vital Statistics.

The Registrar-General's mid-year estimate of population showed an increase from 143,600 to 144,700, and it is upon this estimate of population that the vital statistics of the Borough have been calculated.

A total of 1,675 live births were notified, representing a birth rate of 11.6 per 1,000 of the population, compared with 11.4 per 1,000 of the population in 1958. Included in this total were 144 illegitimate births, but it is by no means certain what proportion of the unmarried mothers were Bournemouth girls.

Stillbirths showed an unexplained increase, from 25 to 43, but as many of these cases occurred in hospital, full details were not always available.

Thirty-five infants died before their first birthday, representing an infant mortality rate of 20.9 per 1,000 live births, compared with 22.0 per 1,000 live births in 1958. A high proportion of the deaths occurred during the early weeks, from prematurity or deformities incompatible with life, and until the veil is lifted from the mysteries surrounding the development of the human embryo the hard core of infant mortality is likely to remain.

Deaths occurring in the Borough totalled 2,332, representing a death rate per 1,000 of the population of 16.1, and an adjusted death rate of 11.0, figures identical with those of 1958. As in recent years, diseases of the heart and arteries, cancer, and those catastrophies of the central nervous system loosely called "strokes" headed the causes of mortality, and together accounted for nearly 75 per cent. of all deaths.

Cancer of the lung showed a dramatic increase from 66 deaths: in 1958 to 104 deaths in 1959, and although the connection between tobacco smoking and lung cancer has been widely publicised, those engaged in health education report an almost complete lack of interest in the subject.

There were no maternal deaths during 1959, the first year since: 1954 when no Bournemouth mother has died from a condition associated with childbirth.

Notifiable Infectious Diseases

Apart from measles, of which 1,401 cases were notified, the Borough was relatively free from notifiable infectious illnesses, but two cases of severe paralytic poliomyelitis occurred in the early part of the year in young adults who were unfortunately at that time outside the scope of the Ministry's vaccination scheme.

Tuberculosis

For the first time in many years, a significant fall occurred in the number of new cases of tuberculosis notified in the Borough, 81 cases of pulmonary tuberculosis and 4 cases of non-pulmonary tuberculosis, compared with 110 cases and 10 cases respectively in 1958. Whether this is the beginning of a progressive fall in new cases, comparable to the reduction in mortality from the disease since the war, remains to be seen, and Dr. W. H. Tattersall, Consultant Chest Physician, has dealt at length with the whole problem of chest disease in his report.

As the average length of hospitalization for cases of pulmonary tuberculosis has been considerably reduced during recent years, many additional cases received domiciliary treatment leading to greater demands on the services of the home nurses, tuberculosis visitors and the occupational therapist. After-care services provided for the tuberculous patient are probably more advanced than those for any other disease, with assistance in rehousing, training and rehabilitation, and special financial allowances, and therefore help in no small measure the efforts of the Chest Services in preventing the spread of infection.

Maternity and Child Welfare

The Council's arrangements for the care of mothers and young children have continued in the familiar pattern described in previous Reports. An additional session was provided at West Howe Infant Welfare Centre for infant and toddler consultations, bringing the total consultation sessions to 20 per week, spread among 15 Centres.

Total attendances showed a small increase over 1958, being 24,627 compared with 24,596.

In contrast to the increased activity at Infant Welfare Centres, attendances of expectant mothers at the one remaining Ante Natal Clinic at "Avebury" showed a further decline, and the transfer of responsibility for ante natal supervision to the hospital and general practitioner services is almost complete.

Financial support has continued to be given to the two voluntary Mother and Baby Homes in the Borough, and there was a marked increase in the number of Bournemouth girls admitted to both the Free Church Council's Home at 11 St. Alban's Avenue and St. Thomas' Lodge, Charminster Road. Twenty Bournemouth girls were admitted to the former home and twenty-one to the latter, the

corresponding figures for 1958 being seven and nil. In addition, ten Bournemouth girls were admitted to Homes outside the Borough, compared with four in 1958.

The Corporation Day Nursery at 10 Wellington Road continued to provide an excellent service for the daytime care of up to 40 babies and children below school age whose mothers were out at work, and three private Day Nurseries were registered under the Nursery and Child Minders' (Regulation) Act, 1948, for the reception of a total of 30 children.

Dental services were provided for expectant mothers, to children attending the Infant Welfare Clinics and the Corporation's Day Nursery, and are described in a report by Mr. A. A. Wood, L.D.S., Principal Dental Officer.

The Domiciliary Services of the Corporation

Domiciliary Midwifery; Home Nursing; Domestic Helps; Health Visiting.

Of the domiciliary services provided by the Corporation, midwifery alone has remained unruffled by the winds of change. Childbearing is still confined to one sex, and to one age group, and the most that Ministries and Working Parties can do is to vary the length of the lying-in period.

Home Nursing and Domestic Help have changed from services devoted mainly to acute and semi-acute nursing and temporary domestic crises to services dealing predominantly with the problems of old age and the chronic illnesses that so frequently accompany it. The members of these professions have adapted themselves remarkably well to the altered circumstances, but it is a matter for conjecture how long we can expect to recruit first-class material to these professions when so much of the drama associated with rapid recovery has been lost. It is certainly far more difficult to find nurses and domestic helps than was the case even a few years ago.

Health Visiting has suffered more than the other domiciliary services, for the winds of change have merely raised clouds of uncertainty. The National Health Service Act extended the range of health visitor activity by including not only "advice as to the

care of young children . . . and expectant and nursing mothers", but also "persons suffering from illness . . . and as to measures necessary to prevent the spread of infection".

The Report of the Working Party on Health Visiting, published in 1956, describes the health visitor as having the triple role of family visitor, health educator and general purposes medico-social worker, but more recently the Younghusband Report (1959) proposes an extension of the work of social workers (not being health visitors) in existing services under the National Health Service and in the field of general family welfare.

It is small wonder that health visitors are confused and bewildered by the uncertainties of their status and their precise functions; that they cling to their old familiar activities among expectant mothers and young children; that they hesitate to break fresh ground which may prove to be within the province of some other type of social worker; and that recruitment to this branch of the profession has dwindled alarmingly.

The Ambulance Service

The general arrangements for providing an ambulance service have remained unchanged, but there was no sign of any levelling-off in the demands on this service. The number of patients carried during 1959 rose by over 5,000 to 55,096, and the total mileage covered was 262,241. Compared with ten years ago, patients carried have increased nearly three and a half times, but the total distance covered has been less than 30 per cent. more, due to increased efficiency in the service and particularly to the use of radio control in the Corporation's fleet.

Vaccination and Immunisation

The Council's scheme for vaccination and immunisation now includes protection against smallpox, diphtheria, whooping cough, tetanus, poliomyelitis and tuberculosis, although B.C.G. vaccination against tuberculosis is confined to one age group of school children.

Great efforts were made during the year to obtain as high a percentage of acceptances as possible under the Ministry's Polio-

myelitis Vaccination Scheme, and the results achieved were most satisfactory. The Bournemouth acceptance rates were some of the highest in Southern England, and during 1959 there were only two cases of poliomyelitis, in unvaccinated adults. In all, 47,514 injections of poliomyelitis vaccine were given during 1959, and vaccination sessions were arranged in schools, factories, clinics, and public buildings, and lunch-time and evening sessions were held in addition to sessions during normal working hours.

The publicity surrounding the poliomyelitis vaccination scheme has unfortunately drawn attention away from the diminished use made of protection against smallpox and diphtheria. To many, even among the medical and nursing professions, these diseases are but a memory, but experience has shown that whenever these diseases return to any area, the population loses no time in pressing for protection. Fear is apparently still the best health educator.

Mental Health Services

Considerable progress has been made in building up the Department's medical and social worker staff, and co-operation between the local authority, the general practitioner and the hospitals has reached a very high level. General practitioners are now in the very forefront of the battle against mental ill-health and their powers for good are incalculable, both in the way of early recognition of the condition and of sympathetic after-care.

Admissions to mental hospitals during the year, nearly 400, remained much as in 1958, but there were among these, unfortunately, many relapsed cases requiring further treatment. Although informal admissions are at first sight so advantageous to the patient, they carry with them the danger of hasty and ill-advised discharges despite the warnings of the psychiatrist.

It is too early yet to comment on the practical application of the Mental Health Act, 1959, as many of its provisions do not come into operation until the autumn of 1960, but it has already become very clear that no matter how energetic a local authority may be in pursuit of mental health for the population it serves, the recruitment of staff is certain to be a limiting factor. Work among the mentally sick is a vocation favoured by few, and those few must be cherished accordingly.

But even if the money for the Training Centres and Hostels envisaged by the Mental Health Act is available, even though the staff is forthcoming, a few local authority officers can make little impression upon the problem of mental illhealth without the wholehearted co-operation of the general public.

There must be a far greater willingness to make allowances for the dullard and the "queer fellow", far more readiness to accept back into the community those patients whom public opinion has "freed" from mental hospitals in the name of liberty; and far less readiness to see a potential criminal and murderer in those whose only fault is to be a weakling.

Nursing Homes

Forty-nine nursing homes were registered with the local authority under Section 187 of the Public Health Act, 1936, a number probably not exceeded in any local authority area in the country, irrespective of size. In these circumstances it becomes extraordinarily difficult to maintain a universally high standard, particularly as the powers of the local authority's inspecting officers are limited to the building, its equipment and its staff. The standard of nursing care, the degree of skill and attention given to the patient, the suitability of the diet, and the many other evidences of special attention a family expects when one of its members enters these often expensive homes, can only be discovered by day-to-day enquiry, something that is quite impossible for a local authority to carry out.

Family doctors attending patients in nursing homes and the relatives who visit them are therefore in the best position to say whether the patient is happy and well treated, and whether the standard of nursing care is adequate.

Far too frequently, nursing homes have been registered and for some time maintained a satisfactory standard, and later their standards have deteriorated. Cancellation of a registration once given is far from easy, and it is felt there is need for some alteration in the law to require annual registration, and for more precise standards of staffing to be laid down by the Ministry.

Sanitary Circumstances, Housing, and Inspection of Food

Mr William Riley, your Chief Public Health Inspector, had dealt at length with these very important problems of environmental hygiene, and perhaps one of the most remarkable features of recent years has been the interest taken by the general public in certain of these problems, particularly the pollution of beaches and bathin areas by sewage, and the presence of foreign substances in foodstuffs

In regard to the former matter, the Medical Research Counchas concluded after several years of careful investigation that "with the possible exception of a few aesthetically revolting beache round the coasts of England and Wales, the risk to health of bathin in sewage-contaminated sea water can, for all practical purposes be ignored".

Although the health statistics of the Borough over a very long period of years seem to lend weight to this opinion, the decision of the Council to proceed with its scheme for the complete treatment of all sewage at an inland works will be welcomed by doctors and laymen alike.

The decision of the Council to proceed with several small Clearance Areas in the Terrace Road/West Hill Place area win finally remove most of the substandard houses in the Borough Although not by any means slums in the generally accepted sense of the word, they failed to measure up to modern standards.

The demolition of unfit houses involves, in many cases, the rehousing of their occupants by the local authority, thus adding to the difficulties of an already long waiting list for Corporation dwellings. This waiting list is constantly being lengthened by the influx of families to Bournemouth to work in the more industrialises areas nearby, or in search of health following an illness elsewhere. It is difficult for housing authorities to decide on the merits of a case for rehousing, when applicants stress length of residence, over crowding, illhealth and a variety of other claims for priority, but the duty of the health authority is clearly to press for maximum priority for those cases of infectious disease, particularly tuberculosis where remaining in unsatisfactory conditions may not only worse the patient's condition, but spread it to his family or his neighbours

Sampling of Food and Drugs has proceeded on similar lines t those described in past Reports, and the report of the late Mr. A. S

Carlos, Public Analyst, gives full details of samples examined during 1959. Mr. Carlos was extremely interested in the work of the Department and was always ready to help by suggestions or practical assistance, and his untimely death will be greatly regretted by the Health Committee.

Samples of milk, upon which adverse comments have been made in previous Reports, have shown a generally high quality standard during 1959, and Mr. Clarkson; one of the District Public Health Inspectors, submitted a large number of informal samples to the Gerber Test in the small laboratory attached to the Department.

It remains for me to thank the Chairman and members of the Health Committee for their help and encouragement during the year.

My thanks are also due to my Deputy, Dr. E. W. Wright, and to Mr. J. W. Roberts, my Chief Administrative Assistant, and to all my staff for their loyal co-operation.

Public Health is more than ever before a matter of team-work, and the Medical Officer of Health who leads a good team is thrice blessed.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

WILLIAM FIELDING.

Health Committee and Staff

as at 31st December, 1959

HEALTH COMMITTEE

The Mayor (Alderman L. V. Barney, J.P.)

Alderman J. H. Turner (Chairman)

Councillor A. H. Abbott (Vice-Chairman)

Council Members

Alderman J. B. C. Beale, J.P.

,, H. C. Brown, O.B.E.

,. T. Peaty

Councillor Mrs. B. Bicknell, J.P.

,, W. Collins
,, W. C. Grove

Councillor H. J. Mears (Junior)

J. G. Middleton

F. A. W. Purdy

C. E. Walker, M.B.E., M.A.

,, Mrs. M. C. Wall

Other Members

L. L. J. Morgan, Esq. A. S. Ogden, Esq., M.B., Ch.B. A. A. F. Shepherd, Esq., L.R.C.P., L.R.C.S. C. Heygate Vernon, Esq., F.R.C.S.

Medical Officer of Health, Princi-

PUBLIC HEALTH DEPARTMENT

William Fielding, B.Sc., M.D., Ch.B.,

F. E. Lockwood, B.D.S. (Univ. L'pool).

(One vacancy).

pal School Medical Officer, and M.R.C.S., L.R.C.P., D.P.H. Medical Referee to Cremation Authority Deputy Medical Officer of Health, Eric Walter Wright, M.B., Ch.B., Deputy Principal School Medical D.P.H. Officer, Deputy Medical Referee to Cremation Authority Assistant Medical Officer C. J. Sanderson, M.R.C.S., I.R.C.P., D.P.H. Health, School Medical Officer F. A. Heimann, L.R.C.P., L.R.C.S., Assistant Medical Officer of Health, School Medical Officer L.R.F.P.S., M.D.(Breslau) K. H. Keating, L.R.C.S.(I), Assistant Medical Officer of Health (Maternity and Child L.R.C.P.(I), L.M., D.C.H. Welfare), School Medical Officer Principal Dental Officer ... A. A. Wood, L.D.S., R.C.S. Dental Officers ... H. S. Hooper, B.D.S., L.D.S., R.C.S.

	William Dilam D.D.C.H. * + 0 †
Chief Public Health Inspector	William Riley, F.R.S.H. * † ° ‡
Deputy Chief Public Health Inspector	Jack Randall, M.R.S.H. + †°
District Public Health and Food Inspectors	H. R. Ambrose+† W. G. Clarkson+† H. B. Frost+† M. Guthrie, M.C.+† A. J. Mortimer+† S. M. Payne+† S. Tweedie+†
District Public Health Inspectors	W. Vincent Morris,* S. Powell,* Plus 5 Assistants.
Superintendent Health Visitor	E. M. Leahy.
Health Visitors (and School Nurses)	M. Ablett, L. M. Austin, C. V. Bailey, K. H. Beaumont, L. D. Caffell, P. M. Carey, F. Darlington, M. H. Dutton, E. M. Gibbs, M. J. Grosvenor, A. Johnson, A. D. Lane, B. Leadbitter, G. M. Lunn, M. Peakman, G. N. Suckamore, M. N. M. Tratsart, B. D. Turner, E. Turner, D. L. Vincent, J. Wilkinson (1 vacancy).
Municipal Midwives	E. J. Frampton, L. Hawthorne, D. Hoare, B. McBride, E. M. Schoch, D. M. A. Sharp.
Superintendent, Home Nursing	
Service	F. Grindrod
Senior Nurse, Home Nursing Service	E. Lane
Home Nurses	I. L. Attridge, M. Burnett, M. DaCosta G. Draper, E. Finnemore, A. Fisher, M. Fothergill, E. P. Gilbert, R. Guscott, M. Higgins, J. R. N. Howard, B. Jackson, M. E. James, M. Jones, M. Large, P. R. May, L. Mist, M. K. Mundy, E. Rampton, C. Rimanoczy, V. A. Robbins, E. E. Souter, G. H. Sutton, D. E. Welch.
Educational Psychologist	B. W. Foxley
Psychiatric Social Workers	J. Higgins. (1 vacancy).
Social Worker	G. M. Parr.
Mental Health Officers Dental Attendants	F. H. Lewis, R. Smith. L. H. G. Cooper, N. L. Hills (both part-time). H. Allen, D. M. Cox, F. R. Hickmott,
Chief Administration Assistant	B. D. M. Read.
Chief Administrative Assistant and Chief Clerk	J. W. Roberts.
Senior Administrative Assistant	H. V. Humberston.
Secretary to Medical Officer of Health	Miss B. Tyrer
Section Clerks Clerks	F. J. Goode, N. L. Hills, C. Lockett P. Bennett, H. R. Bryan, K. F. Clarke, M. A. Cormack, P. Hawke, S. D. Hewitt, M. McGovern, L. E. Moss, I. Murphy, S. Murphy, E. G. Payne, J. W. Peake, R. W. Rowe, B. Tarrant, S. G. Tarrant, N. Woods,
	autume, S. G. Tarrant, IV. Woods,

Home Help Organiser Mrs. L. A. Horwood
Ambulance Depot Superintendent
Occupation Centres C. R. Ashley, Miss H. R. Copping
(Supervisors), Mrs. J. C. Ellis,
W. E. Fisher, Mrs. G. M. Nott,
S. Nott, Miss J. F. Randall, Mrs. K.

Starkie.

Superintendent of Public Conveniences and Mortuary ...

Rodent Officer

W. C. R. Jewell P. L. J. Sibley, plus 4 Operatives.

PART-TIME OFFICERS

Senior Medical Officer for Mental G. J. Bell, L.D.S., R.C.S., L.R.C.P.&S., Health M.B., B.S., D.P.M. -Chest Physicians W. H. Tattersall, M.A., M.D. A. C. Craig, B.Sc., M.B., Ch.B. A.T. Hendry, M.B., Ch.B., F.R.F.P.S. -Consultant Children's Psychiatrist W. H. Whiles, M.R.C.S., L.R.C.P., D.P.M. Public Analyst A. S. Carlos, B.Sc., F.R.I.C. I. A. Simpson, B.Sc., Ph.D., F.R.I.C. Deputy Public Analyst ... A. J. Mortimer (part-time) Meteorological Registrar Deputy Meteorological Registrars C. Lockett, S. Tweedie (both part-time). P. L. Erridge, L.D.S., R.C.S. Dental Officers M. B. Redfern, L.D.S.

* Certificate of the R.San.I. for Sanitary Inspectors.

† Certificate of the R.San.I. for Inspectors of meat and other foods.

O Certificate of the R.San.I. for Smoke Inspectors.

+ Certificate of the R.San.I. and Sanitary Inspectors' Examination Joint Board.

Certificate of the Examination Board of the Sanitary Inspectors' Association (1921).

Certificate of the R.San.I. for Sanitary Science.

Employed by South West Metropolitan Regional Hospital Board.

General Statistics

Area of the County Borough ... 11,627 acres

Estimated Civilian Population ... 144,700

Rateable Value at 1.4.59 ... £3,755,829

Product of 1d. rate, 1959/60 ... £15,346

Vital Statistics

Live births { Male Legitimate 805, Illegitimate 69 }	1	675
,, 91.4% ,, 8.6%		11.6
d'a van I I i a a a a a a a a a a a a a a a a a	• • •	11.6
Stillbirths { Male Legitimate 17, Illegitimate 6 }	. • •	43
Stillbirth rate (per 1,000 total live and still births)	• • •	25.0
Total Deaths (Males 1041, Females 1291)		2332
Death Rate (per 1,000 population)	• • •	16.1
Adjusted Death Rate (per 1,000 population)	• • •	11.0
Maternal Deaths (Sepsis Nil, Other causes Nil)	• • •	Nil
Maternal Mortality Rate (per 1,000 total births)	• • •	Nil
Number of deaths of infants (under 1 year of age):-		0.5
Legitimate 29, Illegitimate 6	• • •	35
Infant Mortality Rate (per 1,000 live births) (Legitimate 18.9, Illegitimate 48.75)	• • •	20.9
Number of Neo-natal Deaths (under 4 weeks of age)	• • •	26
Neo-natal Mortality Rate (per 1,000 live births)		15.5
Number of Early Neo-natal Deaths (under 1 week of age)		25
Early Neo-natal Mortality Rate (per 1,000 live births)		14.9
Number of Perinatal Deaths (Stillbirths and deaths under 1 we	ek of	
age)	• • •	68
Perinatal Mortality Rate (per 1,000 live and still births)	• • •	39.6
Deaths from Whooping Cough, all ages	• • •	Nil
Deaths from Measles, all ages		Nil
Deaths from Diarrhoea, under 1 year of age		4
Deaths from Pulmonary Tuberculosis (Males 7, Females Nil)	• • •	7
Death rate from Pulmonary Tuberculosis (per 1,000 population	.)	0.05
Deaths from Non-Pulmonary Tuberculosis (Males 1, Females 2))	3
Death rate from Non-pulmonary Tuberculosis (per 1,000 popul	ation)	0.02
Deaths from Cancer (Males 219, Females 251)		470
Death rate from Cancer (per 1,000 population)	• • •	3.25

Births

The number of live births allocated to the area after adjustment for inward and outward transfers was 1,675, an increase of 38 on the total for 1958.

Average number of births, 1949-1958	1,596
Births in 1959	1,675
Average birth rate, 1949-1958	11.3 per 1,000 population
	11.6 per 1,000 population
Birth rate, England and Wales, 1959	16.5 per 1,000 population

Stillbirths

There were 43 stillbirths in 1959, an increase of 18 on the previous year and considerably higher than the average for the last ten years. Thirty-eight of these occurred in hospital and five in domiciliary practice.

Average number of stillbirths, 1949-	1958	34
Stillbirths in 1959		43
Average stillbirth rate, 1949-1958		21.1 per 1,000 total births
Stillbirth rate, 1959		25.0 per 1,000 total births
Stillbirth rate, England and Wales,	19 5 9	20.7 per 1,000 total births

Illegitimate Births

Illegitimate births accounted for 8.8 per cent. of the total births, considerably higher than the national figure. The method of registration of illegitimate births, however, seems to leave doubt whether inward and outward transfers can be fully effective, and therefore what proportion of the illegitimate births ascribed to Bournemouth by the Registrar-General's office are truly Bournemouth cases.

Average number of illegitimate births, 1949-1958	126
Illegitimate births during 1959	151

Prematurity

(i.e. babies weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation).

During the year 140 premature births were notified, 8.1 per cent. of the total births, and 25 more than in 1958. The causes of prematurity are still obscure, but the precarious hold on life possessed by these small babies has a direct bearing on the infant mortality

rate, and at least a third of all babies dying during 1959 before their first birthday were born prematurely.

Born at home Born in Hospital Born in Nursing Homes	Live 32 77 10	Stillborn 2 19	Total 34 96 10
	119	21	140

Infant Mortality

During the year 35 infants died in the first year of life, compared with 36 in 1958. This corresponds with an infant mortality rate of 20.9 per 1,000 live births in 1959, compared with 22.0 in 1958 and 28.0 in 1957. It further compares with the national average of 22.0 per 1,000 live births in 1959.

Twenty-five of the 35 infants died before they were a week old; 12 from prematurity, 5 from congenital abnormalities, 4 from birth injuries and complications, and 4 from other causes.

Of the remaining 10 babies who survived the neonatal period, 4 died as a result of congenital abnormalities, 2 from bronchitis and pneumonia, 3 from gastro-enteritis, and 1 from acute leukaemia.

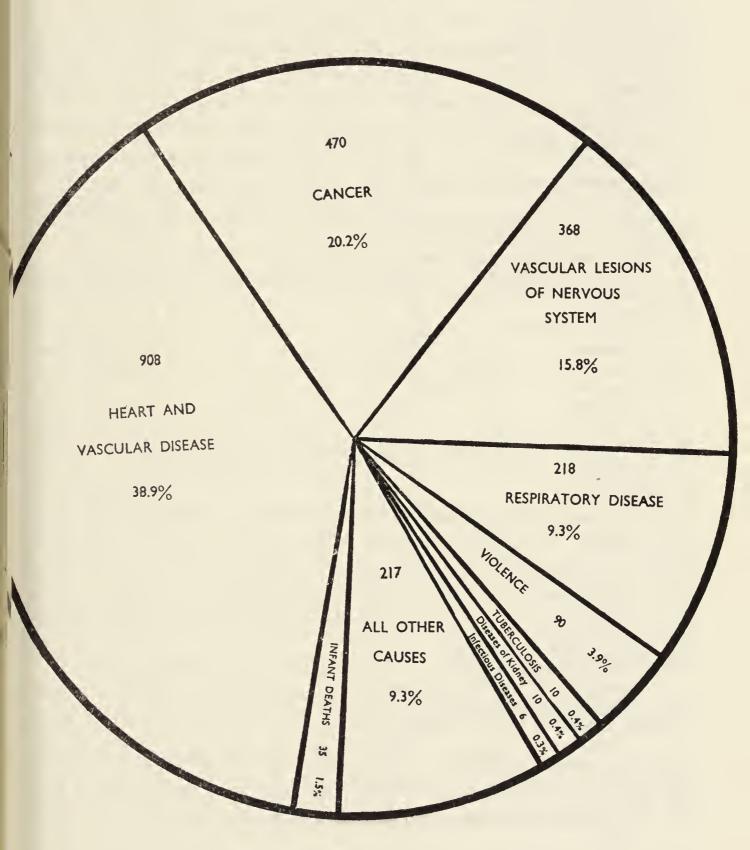
Maternal Mortality

For the first time since 1954, no Bournemouth mother died following childbirth.

KE HS		Born in Nursing Home					
PREMATURE STILLBIRTHS		Born at Home				67	2
- 0)		Died Sur- in in with- vived Hospital in 24 28 hours days	6	9	_	8	61
	in ng and ed to l on ore	Died Sur- with- vived in 24 28 hours days					
	Born in Nursing Home and transferred to Hospital on or before 28th day	Died with-Total in 24 hours					
	trai HC O		-				2
	in 1g ind d	Died Sur-with-vived in 24 hours days				000	∞
so.	Born in Nursing Home and nursed entirely there	Died Sur- with- vived Total in 24 28 hours days					
IRTH	HON	Total				∞	∞
VE B	ome ns- co on re ty	Sur- vived 28 days		7		22	4
E LI	Born at home and transferred to Hospital on or before 28th day	Died Sur- with- vived in 24 28 hours days	-	-			2
ATUR	Born and fer Hos or or	Total	-	3		3	7
PREMATURE LIVE BIRTHS	ome sed at	Survived 28 days				23	25
1	Born at home and nursed entirely at home	CONTRACTOR OF THE PARTY OF THE PARTY.					
	Borr and enti	Died with-			_	23	25
	a 5	:	7	7	19	32	65
	Born in Hospital		9				9
	H	Died with- Total in 24 hours	14	12	19	32	77
		Weight at Birth	3lbs. 4oz. or less	Over 3lbs. 4oz. up to and including 4lb. 6oz.	Over 4lb. 6oz. up to and including 4lb. 15oz.	Over 4lb. 15oz. up to and including 5lb. 8oz.	Totals

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1959.

Total Deaths, 2332



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING THE YEAR 1959

	All								
Causes of Death	Ages	0	1-	5	15—	25-	45-	65-	75—
	2332	35	3	3	12	43	399	603	1234
1—Tuberculosis, respiratory							4	2	1
2—Tuberculosis, other							1	1	1
3—Syphilitic disease	2		:				1	1	
4—Diphtheria									
5—Whooping Cough									
6—Meningococcal infections					L				
7—Acute poliomyelitis									
8—Measles									
9—Other infective and parasition									
diseases	4							2	2
10—Malignant neoplasm								_	_
	56					2	8	22	24
11—Malignant neoplasm, lung		• • •	• • • •			-	0	2,2	27
bronchus	104						50	39	15
12—Malignant neoplasm, breast						4	14	14	
		• • •				1	1 -	3	10
13—Malignant neoplasm, uterus		• • • •				1	10	3	5
14—Other malignant and lym-	004	}	,				00	50	
	. 234		1			8	62	72	91
15—Leukaemia, aleukaemia		1		1			5	5	3
16—Diabetes						1	4	4	8
17—Vascular lesions of nervous									
system	. 368					4	31	85	248
18—Coronary disease, angina	. 421					1	82	145	193
19—Hypertension with hear	t				1				
disease	. 40						4	13	23
20—Other heart disease	. 354					1	26	56	271
21—Other circulatory disease						1	8	18	66
22—Influenza	. 23			1	1	1	1	9	10
23—Pneumonia	00	1	1		1	2	12	17	64
24—Bronchitis	98	li	Î		1	1	18	27	51
25—Other diseases of respiratory			1				1	1	
- A	00					1	6	7	8
system 26—Ulcer of stomach and				}		1		1	0
11	10						6	6	7
	13						0	0	1
27—Gastritis, enteritis and diarrhoea	18	4			1			1	10
	1						$\begin{vmatrix} 2 \\ 3 \end{vmatrix}$	1	3
28—Nephritis and nephrosis					1	1	3	3	
29—Hyperplasia of prostate	. 17							3	14
30—Pregnancy, childbirth,									
abortion									
31—Congenital malformations	8	5			1		2		• • •
32—Other defined and ill-define									
	. 150	23		1		6	19	32	69
33—Motor vehicle accidents					4	_	5	2	4
34—All other accidents	. 56				2	5	8	9	32
35—Suicide	. 18				1	4	7	5	1
36—Homicide and operations of									
war									1100
	,	,							

DEATHS FROM PRINCIPAL CAUSES, 1959

While diseases of the heart and arteries, cancer, vascular lesions of the nervous system, and chronic respiratory disease, maintained their undisputed position as captains of the men of death, accounting between them for over 84 per cent. of the victims, there were some changes from 1958 which deserve comment.

Deaths from cancer increased from 418 to 470, almost entirely accounted for by the increase in lung cancer deaths from 66 to 104; deaths from respiratory disease (non-tuberculous) increased from 163 to 218; deaths from coronary disease varied only slightly, a decline from 430 to 421; deaths from vascular lesions of the central nervous system (strokes, etc.) fell from 411 to 368; deaths from "violence" declined from 102 to 90; and deaths from tuberculosis were only 10 in number compared with 12 in 1958.

Over 78 per cent. of all deaths occurred in persons over the age of 65 years, and over 52 per cent. in persons over the age of 75 years.

Notifiable Infectious Diseases-1959

The Borough was fortunately spared any epidemic of serious infectious disease during 1959, but two cases of poliomyelitis occurred in young unvaccinated adults during the early part of the year. Neither case was fatal, but severe paralysis occurred which required lengthy hospitalization.

The incidence of measles was 1,401 cases compared with 737 cases in 1958 and 1,620 cases in 1957; scarlet fever cases increased from 21 to 81; but whooping cough declined from 49 to 25 cases.

There were 6 unrelated cases of food poisoning during the year, but the 18 cases of dysentery notified to the Department was the highest total for this troublesome condition for some years.

NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS WHICH OCCURRED DURING THE YEAR 1959

Disease		Total of cases notified	Total deaths
Scarlet Fever		81	
Whooping Cough		25	
Acute Poliomyelitis—		0	
Paralytic		2	_
Non-Paralytic			-
Measles		1401	
Diphtheria			
Acute Pneumonia	• • •	59	98
Dysentery		18	_
Typhoid Fever		1	
Erysipelas		6	
Meningococcal Infection		2	
Food Poisoning		6	
Puerperal Pyrexia		4	_
Ophthalmia Neonatorum		1	
Scabies		4	—
Malaria		1	
Acute Encephalitis			

CASES OF INFECTIOUS DISEASE WHICH OCCURRED DURING 1959

			Nu	mber	of Ca	ases 1	Notifi	ed	
				At	Ages-	—Yea	ars		
Notifiable Disease		At all ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45and under 65 years	65 and upwards
Scarlet Fever Whooping Cough Acute Poliomyelitis—Paralytic Non-Paralyt Measles Diphtheria Acute Pneumonia Dysentery Typhoid Fever Erysipelas Meningococcal Infection Food Poisoning Puerperal Pyrexia Ophthalmia Neonatorum Scabies Malaria Acute Encephalitis	ie	81 25 2 1401 59 18 1 6 2 6 4 1 4		9 13 — 579 — 2 2 — 1 1	69 11 — 790 — 8 12 — — 2 — —	1 - 2 - 1 1 2 - 1 1 - 1 1 - 1 1 - 1 1 1 - 1 1 1 1	2 -3 -1 2 -2 -1 	- - 1 16 1 - 4 - -	28 - 2 - 1 - 2

Tuberculosis in Bournemouth

During the year 81 cases of pulmonary and 4 cases of non-pulmonary tuberculosis were notified, the lowest figures since 1950, giving grounds for hope that the extraordinary efforts of the chest physicians to control the incidence of this disease will become as effective as their efforts to reduce its mortality. The notifications of new cases and the dramatic fall in deaths from tuberculosis since 1948 are shown in the accompanying table:—

		New cas	ses	Death	S
			Non-		Non-
		Respiratory	Respiratory	Respiratory	Respiratory
1948	 	Î18	16	67	6
1949	 	109	18	54	8
1950	 	80	11	46	1
1951	 	127	13	37	2
1952	 	141	17	33	5
1953	 	98	17	20	2
1954	 	136	16	28	
1955	 	117	9	12	2
1956	 	107	9	14	4
1957	 	114	11	10	4
195 8	 	110	10	11	1
1959	 • • •	81	4	7	3

Non-pulmonary tuberculosis has become something of a rarity since the pasteurisation of milk and tuberculin testing of dairy herds has reduced this former source of infection almost to vanishing point. Only 4 cases were notified during the year, two in glands, one in the genito-urinary system, and one in an eye.

Detailed statistics of new cases of tuberculosis follow and it will be noted that the majority of pulmonary cases in males occurred within the 35-75 age groups, whereas in females the age groups 20-45 years were most heavily involved.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS,	1952
-------------------------------------------	------

		Formal Notifications												
		Number of Primary Notifications of new cases of Tuberculosis												
Age periods (years)	0 to 1	to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and up- wards	Total (all ages)
Respiratory— Males Females Non-	-		-	-	1 2	<u>-</u>	4	3 6	9 6	10 2	15	12	4	54 27
Respiratory— Males Females	-	-	 - 	_	-	_ _	_	_	Major		2 -		1 1	3

Particulars of new cases of Tuberculosis notified, and deaths from the disease of Bournemouth residents.

	New Cases				Deaths			
	Respiratory		Non- Respiratory		Respiratory		Non- Respiratory	
	M.	F.	M.	F.	M.	F.	М.	F.
Under 1 year 1-5 years 5-15 ,, 15-25 ,, 25-45 ,, 45-65 ,, 65-75 ,, 75 and upwards	1 12 25 12 4					——————————————————————————————————————		
Totals	54	27	3	1	7		1	2

SECTION 172 OF THE PUBLIC HEALTH ACT, 1936— RELATING TO THE COMPULSORY REMOVAL TO HOSPITAL. OF PERSONS SUFFERING FROM TUBERCULOSIS

No action has been taken.

PUBLIC HEALTH (Prevention of Tuberculosis) REGULATIONS

1925 — RELATING TO PERSONS SUFFERING FROM

TUBERCULOSIS IN THE MILK TRADE

No action has been required.

Report by Dr. W. H. Tattersall, Consultant Chest Physician

Tuberculosis in Bournemouth 1959.

1. Chest Clinic Attendances.

TABLE I.
CLINIC ATTENDANCES IN SERIAL YEARS

 Yea r	i .	ients atte		B.C.G.	Other	Total	
i cai	Fluoros- copy Clinics	New Cases	Contacts	Vaccin- ations	Atten- dances	Atten- dances	
1955 1956 1957 1958 1959	1,997 2,274 3,001 2,709 2,840	440 835 997 950 1,087	695 749 812 477 594	349 325 441 385 385	4,192 5,063 6,309 5,729 6,304	9,975 10,085 10,606 9,880 10,660	

At a time when some responsible administrators seem to believe that the work of Chest Clinics is diminishing as the control of tuberculosis advances, one would emphasize that in this Clinic there is certainly no diminution in the day-to-day work.

2. Bronchitis Clinic.

A special "Bronchitis Clinic" was introduced at the beginning of 1959. It had been felt that the problems of bronchitic patients deserved more time and attention than could be spared in the middle of a busy clinic, and in order to achieve this, it was thought more convenient to allot a definite session to such work. In particular, it is a great help to have a Physiotherapist at hand for immediate postural treatment of such cases when indicated. The steady increase in the number of bronchitic patients attending on Monday afternoons has amply justified this new arrangement.

3. New Patients.

TABLE II.

New Cases in 1959.

Diagnostic Category	From 2,840 Fluoros-copy Cases; and from Family Doctors	M.M.R., Contacts, Hospitals, Schools	From other Districts	Other Sources	Total
Healthy Tuberculosis Acute pulmonary illness Bronchitis and Bronchiectasis Lung Cancer Other pulmonary conditions Other diseases	191 71 111 228 45 97 107	6 50 3 10 4 6 4	2 63 1 2 5 3 1	43 22 - 5 1 4 2	242 206 115 245 55 110 114
TOTAL	850	83	77	77	1,087

The usefulness of the nine fluoroscopy sessions scattered all over the town at different times of day and evening, is obvious from the very large number of patients referred to them by General Practitioners. Nevertheless, the family doctors of the town, in addition, continue to refer an increasing number of patients in the ordinary way.

TABLE III.

New Cases	-	eant Non-tractitione			Referred	by
1954	1955	1956	1957	1958	1959	
260	363	3 7 1	395	52 9	588	

4. Discharges.

TABLE IV.

Cases Discharged from Clinic Supervision during 1959.

	After initial investigation	After a period of supervision	Lost sight of	Left the District	Died	Total
Non-Tuberculous Tuberculous	452	118	61	8	47	686
Sputum negative	8	10	27	41		86
Sputum positive	366	116	22 124	32 4	<u> </u>	55 610
•						
TOTAL	826	244	234	85	48	1,441

These data show no important differences in recent years, but it is perhaps worth notice that only one Bournemouth patient died of tuberculosis in 1959.

5. Ancillary Investigations.

TABLE V.

Certain Ancillary Investigations.

Out patient X-ray films Tomograms Bronchograms X-rays at Herbert Hospital No. of Bronchoscopies	7047 217 40 730 60	Total sputum specimens examined for tubercle bacilli of which cultured Laryngeal swabs Out-patient drug sensitivities	701 701 2201 29
-------------------------------------------------------------------------------------------------	--------------------------------	-----------------------------------------------------------------------------------------------------------------------	--------------------------

. Hospital Beds.

Because of intermittent shortage of nursing staff, admission to he Herbert Hospital had to be suspended or restricted from the 8th February until the 30th March, and also from the 6th July to he 31st August, and also at the Royal National Sanatorium from he 5th March to the 1st April.

TABLE VI.

The Average Length of Stay in Hospital according to Diagnosis.

	Herbert		R.N	I.S.	Christchurch	
Diagnosis	No. of Cases	Aver- age Days	No. of Cases	Aver- age Days	No. of Cases	Aver- age Days
Tuberculosis Bronchitis and Asthma Bronchiectasis Pneumonitis Pulmonary eosinophilia Carcinoma of lung Cardiac Spontaneous pneumothorax Other diseases Observation	39 92 16 13 6 41 15 3 27 2	73 22 17 20 21 23 28 23 24 29	42 17 2 6 1 6 6 3 14	94 41 39 36 51 45 117 50 57	11 6 7 	19 19 18 17 15 44 15
TOTAL CASES	254		97		54	

The above 405 admissions disregard patients admitted in 1958 and whose treatment continued into 1959; an omission of some: importance in regard to the estimate of tuberculosis bed occupation.

In the last two or three years, General Practitioners have increasingly requested the direct admission of sick people to hospital who had never been seen as out-patients. During 1959, there were 72 such admissions.

7. Tuberculosis.

New Cases. There were 31 newly diagnosed cases of sputum positive pulmonary tuberculosis in Bournemouth in 1959 as compared with 33 in 1958, 48 in 1957, and 57 in 1956. Altogether, 65 newly diagnosed cases of pulmonary tuberculosis were notified during 1959, but, in addition to these, 16 cases diagnosed in previous years were also notified, so that together with 63 notified cases coming from other districts, a total of 144 new notified cases came under surveillance at this Clinic.

Laryngeal Swabs. Table V eniphasizes the great importance attached to laryngeal swab culture in this Chest Clinic, a technique which nowadays is more important in the control of tuberculosis than the examination of sputum, particularly in supposedly quiescent cases. Verity, in Newcastle, in his Triennial Report for

1956 to 1958, has found that between 2 and 3 per cent. of supposedly quiescent cases of tuberculosis break down and become active again each year, and it is perhaps the most important responsibility of an efficient Chest Clinic to discover this mishap at the earliest possible moment.

Admissions and Relapses. There were only 81 Bournemouth patients admitted to hospital for treatment for tuberculosis in 1959, in happy contrast to 118 in 1958 and 172 in 1957; a most encouraging situation. Of these 81 tuberculosis admissions, only 28 were readmitted patients (though several were admitted more than once).

Analysis of these re-admissions is instructive:—

One was a re-admission of a patient on home treatment because side effects developed from chemotherapy.

One patient who had taken his own discharge was readmitted a few months later at his own request.

Five patients were newcomers to the district whose disease was found not to be quiescent as soon as they were checked here.

Five were chronic, infectious, active cases for whom a hospital bed must always be found whenever the patient is willing to accept.

However, most important, 16 patients had a definite fresh spread of tuberculous disease and 10 of these patients had been in uninterruptedly good health under regular surveillance for longer than five years—a salutary reminder of the lack of wisdom in discharging any tuberculosis patients from routine surveillance just because they have completed the statutory recommendation of five years' clinical supervision. Indeed, five of these ten patients had, in fact, remained in good health under clinical supervision for over ten years. Of the patients relapsing within five years, two had their previous treatment elsewhere, and one was non-respiratory tuberculosis. There was no obvious explanation for the remaining three cases.

In addition to the above cases, two further patients relapsed and were re-treated with chemotherapy at home without admission to hospital—in one case because of an unexpected laryngeal swab and in the other case because of further non-respiratory tuberculosis. Deaths. Only one notified case of tuberculosis is known to have died of the disease in Bournemouth during 1959. This was a patient whose illness had begun before the chemotherapy era. There were 14 other patients on the tuberculosis register who died, but in these cases, it was established that the cause of death was not tuberculosis.

Drug Resistance. Misgivings have been expressed in other parts of the country during 1959 regarding the finding of increasing numbers of cases with drug resistant organisms. The position in Bournemouth is re-assuring. All but one of the 31 new sputum positive cases were fully drug sensitive, the remaining one patient's organisms were resistant to Streptomycin only. Of the cases who were re-admitted, five showed drug resistance, but three of these were in the group of known chronic infectious, active cases. One other chronic infectious, active case who declined admission throughout the whole year is also known to be resistant to Isoniazid.

Results of Treatment. Of the 733 sometime-infectious patients: in Bournemouth, 81 per cent. are quite definitely no longer infectious, a further 16 per cent. are probably stable; and only 3 per cent. (20 individuals) are, nevertheless, chronic infectious active sputum positive cases.

There were 64 patients known to the Almoner in receipt of sickness benefit for tuberculosis at the end of the year, as compared with 85 at the end of 1958, 104 at the end of 1957 and 113 at the end of 1956.

There were 72 patients continuing their treatment at home at: the end of 1959 as compared with 87 at the end of 1958, and 119 at: the end of 1957.

Contacts. In the field of contact examination, 224 persons were newly examined as contacts of positive cases. Also, 250 were examined as contacts of negative cases. It is unsatisfactory that 82 of these persons eluded tuberculin testing, but some were newly born infants, elderly people, and others who forgot to return the postcards showing the appearance of their Heaf test. The ratio of new contacts to new positive cases is 3.3 to 1, and the ratio of new contacts to new negative notified cases is 3.4 to 1, in addition to which approximately a further 350 persons living outside Bournemouth have been recommended for contact examination elsewhere,

Ptaszynski, the routine tuberculin testing of schoolchildren at school entry, and later with a view to B.C.G. before leaving school, has been completely assimilated by the Public Health Department. Children with a positive tuberculin test are referred to this Clinic as new patients. An increasing number of these have been treated in 1959 with "prophylactic" chemotherapy for three months and, of course, a rigorous search is made among their contacts for a potentially infectious case.

8. Bronchitic Diseases.

More and more bronchitic people are being referred to this 'Clinic (245 in 1959) and there are now 373 such patients who have chosen to remain under surveillance.

Participation in the second Medical Research Council's Trial on Influenza Vaccines for Chronic Bronchitic patients was an interesting addition to our work during the winter of 1958/1959, involving approximately 100 patients, and during the winter of 1959/1960, we are participating in a more elaborate nationwide chemotherapeutic trial for bronchitic patients.

Three facts about the bronchitic diseases are not sufficiently recognised. In England and Wales there are approximately 100,000 spells of bronchitic illness every year among employed men which last a month or longer; the cost of this to the nation is obvious. Secondly, it is now scientifically established beyond all reasonable doubt, that the habit of cigarette smoking is a substantial contributory factor to the amount of bronchitic illness in this country, and therefore a great many middle aged people would be saved time off their work in winter, or a premature retirement, if they gave up smoking. Thirdly, much can be done nowadays to mitigate the misery of many bronchitic people, but there still prevails among the public at large, the general impression that bronchitis is one of the inevitable burdens of mankind.

9. Lung Cancer.

Of the 99 known deaths from this disease in Bournemouth in 1959, 49 had been diagnosed at the Chest Clinic—a proportion

which remains surprisingly constant from year to year. This number of deaths is a substantial increase from 1958, in which year 67 patients died of the disease in Bournemouth.

Although it has been definitely recognised by all responsible and authoritative medical opinion throughout the world for several years that cigarette smoking is the most substantial direct contributory factor in the occurrence of lung cancer, the general public continue to be remarkably ignorant of this fact.

10. The Risk of Smoking.

The standardised death rate per annum from all causes in men over the age of 35 in England and Wales is 13.25 per 1,000 in non-smokers, but 18.84 per 1,000 in heavy smokers. This fact clearly suggests that smoking is certainly responsible for more deaths in this country each year than are caused by road accidents—a fact which insurance companies seem very slow to recognise.

11. Clinic Register.

Classification of all patients remaining under supervision at the Chest Clinic at the end of 1959 is shown in Table VII. The only significant changes from the end of the previous year have already been referred to in this Report.

TABLE VII
Clinic Register on 31st December, 1959

Tuberculosis Cases Old inactive Primary infection Generalised Pleural Effusions Pulmonary sputum negative Pulmonary sputum positive Non-pulmonary Total Tuberculous		Non-Tuberculous Cases No organic disease Acute pulmonary illness Bronchitis and bronchiectasis Lung cancer Pneumoconiosis Pulmonary eosinophilia Sarcoidosis Other pulmonary diseases Other diseases	18 62 373 62 23 37 23 122 54
CONTACTS OBSERVATION	823	Total Total Under Supervision	774 3332

Maternity and Child Welfare

(Care of Mothers and Young Children)

At the end of 1959 there were 15 Infant Welfare Centres in the Borough providing 20 clinic sessions weekly. Although the number of Centres remained unchanged, an additional session was provided at West Howe to provide for the increased attendances in this rapidly developing area.

Total attendances were rather higher than in 1958, children under five years making 41,425 attendances compared with 41,344, and attendances of infants below the age of one year increased slightly from 24,596 to 24,627.

The shift of population towards the outskirts of the Borough has continued and the new Centre at West Howe, opened on 21st October, 1959, should prove of inestimable value as its services develop. In addition to increased attendances at the West Howe Clinic, heavier traffic was also recorded at Iford, Kinson, Northbourne, Pokesdown, Sutton Road, Tuckton and West Cliff.

ATTENDANCES AT INFANT WELFARE CENTRES, 1959.

Clinic	Infants under 1 year	Pre- school Children	Total	Sessional Average
Avebury	1030	579	1609	31
Boscombe	1420	1029	2449	48
Charminster	1008	770	1778	34
East Howe	1315	967	2282	44
Ensbury Park	1151	650	1801	36
Iford	998	736	1734	33
Kinson	1549	723	227 2	44
Malmesbury Park	1596	883	2479	48
Moordown	1255	1147	2402	49
Northbourne	1303	762	2065	42
Pokesdown (a.m.)	1089	575	1664	34
Pokesdown (p.m.)	1768	1107	2875	58
Strouden	970	865	1835	35
Sutton Road	1683	919	2602	52
Tuckton	1016	885	1901	39
West Cliff	1166	630	1796	37
*West Howe (a.m.)	115	125	240	27
West Howe (p.m.)	1513	1327	2 840	55
Winton (a.m.)	1100	705	1805	36
Winton (p.m.)	1582	1414	2996	60
	24627	16798	41425	43

[•] Commenced 23rd October, 1959.

Ultra Violet Light Clinics

Facilities for ultra violet light were provided at two Clinics—Malmesbury Park (Stewart Road) and East Howe. Fifteen children made 252 attendances at the former clinic, and 19 children made 133 attendances at East Howe. Whether the treatment is truly therapeutic or whether the effects are largely psychological, as has been alleged, seems to matter little.

Medicine is still not a very exact science and the fact that so many of these children show a marked improvement following a course of ultra violet light treatment amply justifies continuance of the practice.

Welfare Foods

The sale of welfare foods, which was transferred to local authorities by the Ministry of Food in 1954, has continued at all Infant Welfare Centres, and during 1959 showed the generally lower demand that has been experienced throughout the country. This reduced demand seems to be connected with the greater prosperity of the mothers of today, who prefer to pay the additional cost of the branded article.

	1955	1956	1957	1958	1959
National Dried Milk					
(tins)	44,505	43,268	31,861	26,288	24,073
Cod Liver Oil (bottles)	14,676	13,411	11,259	7,483	7,174
Vitamin A and D					
Tablets (packets)	5,652	6,166	5,982	6,151	6,447
Orange Juice (bottles)	79,387	85,834	87,977	58,708	57,763

Antenatal Supervision

The Antenatal Clinic at Avebury provided one session per week and 290 expectant mothers made 439 attendances. This is a reduction on the previous year's attendances, when 313 mothers made 514 attendances, and many of the mothers only attended for blood examinations (Wassermann and Rhesus tests), while continuing to attend their private doctors for antenatal supervision.

BIRTHS	OCCURRING	IN	BOURNEMOUTH,	1959.
DINIIIO	OUGUILITIO	T T A	DOUGHT DING OT III,	1000.

		19	53	19	54	19)55	19	956	19	57	19	58	19	59
		No.	%												
Do	miciliary Births	502	26.8	571	31.2	473	27.0	510	27.7	527	27.5	533	27.2	559	27.6
Ins	titutional Births	1366	73.2	1261	68.8	1282	73.0	1334	72.3	1390	72.5	1425	72.8	1464	72.4
To	TALS	1868	100	1832	100	1755	100	1844	100	1917	100	1958	100	2023	100

During 1959 the following births were notified as occurring in the Borough:

Domiciliary births	559 (533)
Institutional births	

Royal Victoria Hospital Aston Grays Maternity Home Free Church Council		(742) (377)
Maternity Home Private Nursing Homes	54 256	(50) (256)
	1464	(1425)

TOTAL 2023 (1958)

Figures in brackets indicate corresponding numbers for 1958.

This total is therefore 65 more than in 1958, there having been an increase of 39 in the number of institutional births and 26 in the number of domiciliary births.

In addition 180 Bournemouth patients were delivered in the Hospital Management Committee's Maternity Home at Barton-on-Sea.

Infectious Diseases associated with Childbirth

Four cases of puerperal pyrexia were notified, compared with five cases in 1958. One case of ophthalmia neonatorum was reported.

Family Planning

Weekly clinics at Avebury and twice-monthly clinics at Pelhams were held by the Family Planning Association, and grants were made by the local authority in respect of 22 cases treated on medical grounds.

Nursery and Child Minders (Regulation) Act, 1948

Three premises were registered under this Act, providing facilities for 30 children, as follows:

Address	No. and age of children accepted	Hours of Opening
St. Ambrose Hall, Alumhurst Road	12 2-5 years	9.30 a.m. to 12.30 p.m.
"Clynch", 81 Glenferness Avenue	14 2-5 years	9.30 a.m. to 12.30 p.m. excepting school holidays
172 Seafield Road	4 2-5 years	9.0 a.m. to 4.0 p.m.

Mother and Baby Homes

Grants were continued by the local authority to the two mother and baby homes maintained by voluntary organisations in the Borough. Twenty local girls were admitted to the Free Church Council Home at 11 St. Alban's Avenue, and twenty-one to St. Thomas' Lodge, Charminster Road, compared with seven and none during the corresponding period in 1958. In addition, ten Bournemouth girls were provided with accommodation outside the Borough at the expense of the local authority, compared with four girls in 1958.

Day Nursery

The Corporation Day Nursery at 10 Wellington Road had an average daily attendance of 30 babies and young children, compared with 29 in 1958 and 24 in 1957. Attendances during the peak holiday season filled the nursery to capacity, but throughout the year a high proportion of the children belonged to the "priority" class.

All children received regular medical and dental inspections and there were no serious outbreaks of illness.

Dental Treatment for Mothers and Young Children, 1959

Report by A. A. Wood, L.D.S., Principal Dental Officer

General Observations

The three full-time and two part-time dental surgeons employed by the Bournemouth Local Authority each devoted part of their time to the dental care of mothers and young children, treatment being provided at each of the four clinics in the borough and patients attended the clinics nearest to their homes. The dental surgeons were also engaged in the School Dental Service.

Object of the Service

Our objective was to provide complete treatment and to give all possible information to mothers to enable them to play their part in caring for their teeth by oral hygiene, diet and regular inspection and treatment when needed for themselves and their children.

Co-operation of other Services

Mothers attending the Infant Welfare Centres were encouraged by doctors and health visitors to bring their children regularly to the clinics for examination and treatment, and mothers attending the ante-natal clinics were informed of the importance of dental health. All those mothers who were not under the care of their own private dentists were offered examination and treatment when needed.

As in previous years the dentists visited the Infant Welfare Centres periodically in order to give advice and to carry out dental examinations. It is regretted that owing to the shortage of staff at the Winton Clinic and to illness, it was not practicable to visit the Welfare Centres as often as during the previous years; 26 sessions were spent in this work, compared with 36 sessions during 1958.

Royal Victoria Hospital, Boscombe

I would like to take this opportunity of thanking Mr. R. G. Torrens for his kindness in treating difficult cases which were referred to him during the year.

Facilities for X-rays

The X-ray Unit which was installed at the Central Clinic, Madeira Road, during 1956 again afforded a very valuable diagnostic aid on many occasions.

Provision of Dentures

Dentures were made by the technicians at the Royal Victoria Hospital, Boscombe. The work was of a very high standard and the central position of the laboratory enabled the dental surgeons to pay occasional visits, when it was advantageous to give personal directions regarding details of construction.

Visits to Day Nursery

The one remaining Day Nursery at Wellington Road was visited three times during the year by Mrs. H. S. Hooper, one of our dental officers, in order to examine the children's teeth and treatment was offered when required. The findings are included in the statistical part of this report.

Maternity and Child Welfare

(a) NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	72	68	59	58
Children under five	706	285	225	181

(b) FORMS OF DENTAL TREATMENT PROVIDED

		Anaesi	Anaesthetics		Scalings	Silver		Dent	Dentures provided
	Extractions	Local	Local General	rumga	and gum treatment	treatment	graphs	Com- plete	Partial
Expectant and Nursing mothers	143	35	23	71	111	Nii	31	16	61
Children under five	111	4	65	347	Nii	57	12	Nii	Nii

TABLE SHOWING DENTAL CONDITION OF CHILDREN AT THE DAY NURSERY-Year 1959

Wellington Road

Total D.F.M.	201	15
Missing	2	7
Filled Teeth	4	ਚਾ
Decayed	1 8 1	6
Caries Free Teeth	321 312 153	786
Number Needing Treatment	127	3
Number Examined	18 16 8	42
Age	01 to 4	Totals

The Domiciliary Services Provided by the Corporation

No slackening of the demand for domiciliary services provided by the local health authority under Part III of the National Health Service Act was evident during 1959, but rather an increasing pressure which is not truly reflected in the statistics.

Health Visitors, Home Nurses and Domestic Helps are year by year being called upon to give an increasing proportion of their time to the service of the elderly and the aged, during a period when few recruits are joining these professions and when the burden of taxation throughout their working lives has left the retired population less and less able to make private arrangements for their comfort in old age.

Domiciliary Midwifery Service

Seven full-time midwives were directly employed by the Council at the end of the year. They attended 551 confinements (559 births), an increase of 28 compared with 1958, and on average each midwife attended 79 confinements.

Domiciliary births represented 27.6 per cent. of the total births in the Borough, compared with 27.2 per cent. in 1958.

Details of domiciliary confinements were:

	otal No. confine- ments	Primi- para	Multi- para	1	N 2	о. он 3	PRE	viou 5	s Pr	EGNA	NCIES	9	10
	551	106	445	189	133	 59	33	17	6	3	3		1
_	331	100	443	109	100	39	33	17	0	3	3	1	1
	15-20 20-25 25-30				AGE GROUPS 35-			35-40	0 40-45			45-50	
	42	164	18	37		97 50			10		1		

Gas and air analgesia was given in 506 cases and pethidine in 331 cases.

MATERNITY CASES ATTENDED

			Numbe	er of Del in the	iveries area d			idwive
				Domic	iliary C	ases		
			Doctorno	otBooked	Doctor	Booked		
			Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child either the booked doctor or another	Doctor not present at time of delivery of child	Totals	Cases in Instit- utions
(i) (ii)	Autho Midwi untary	ves employed by Vol- v Organisations :—	2	95	135	319	551	
	(b) O	nder arrangements with the L.H.A. in pursuance in Section 23 of the lational Health Service at therwise (including lospitals not transferred to the Minister under th						
(iii)	Midwi Hospi mittee	ne National Health ervice Act) ves employed by tal Management Comes or Boards of Gover-				_	_	54
(iv)	Midwi (includ	under the National Service Act ves in Private Practice ling Midwives employed rsing Homes)	-					1129
		TOTALS	2	95	135	319	551	1264
ME	DICAL	AID UNDER SECTION	N 14 (1	OF T	HE MI	DWIVE	S' AC	r. 195
	Numb	er of cases in which me ion 14 (1) of the Midwive	edical a	id was	summo	oned du	iring tl	
		or Domiciliary cases:— Where the Medical the patient with m National Health Serv	Practiti aternit	oner h	ad arra	nged to	o provi	
Tota	d			• • •			• • •	5
	(b) F	or cases in Institutions	• • •				• • •	-

HEALTH VISITING

	Expectant Mothers					between of 1 & 5			
Year	Vis	sits	Vis	sits	Vis	sits	Vis	sits	
	First	Total	First	Total	First	Total	First	Total	
949	736	1,460	1,860	10,378	22	16,128	3,213	7,031	
950	743	1,314	1,674	7,687	6	12,810	1,958	5,360	
951	809	1,507	1,601	8,262	16	12,893	4,468	8,542	
952	858	1,457	1,598	8,357	10	11,350	1,507	6,190	
953	908	1,741	1 642	8,904	51	11,830	488	1,657*	
954	1,100	1,991	1,592	9,080	11	11,460	587	1,869†	
1955	1,047	1,972	1,496	9,001	38	11,712	596	1,881‡	
M956	1,117	2,166	1,483	8,615	13	12,136	755	2,705	
957	1,162	2,122	1,513	8,247	55	11,920	985	4,362§	
,958	1,156	1,963	1,645	8,007		11,349		4,4940	
1959	1,130	2,076	1,609	7,653		10,354		4,384\$	

*Includes 223 visits by health visitors to tuberculous households. †Includes 190 visits by health visitors to tuberculous households. !Includes 207 visits by health visitors to tuberculous households |Includes 279 visits by health visitors to tuberculous households. §Includes 230 visits by health visitors to tuberculous households. oIncludes 221 visits by health visitors to tuberculous households. \$Includes 184 visits by health visitors to tuberculous households. There were also 1,401 visits by the tuberculosis visitor in 1953. There were also 1,607 visits by the tuberculosis visitors in 1954. There were also 1,525 visits by the tuberculosis visitors in 1955. There were also 1,297 visits by the tuberculosis visitors in 1956. There were also 1,562 visits by the tuberculosis visitors in 1957. There were also 1,532 visits by the tuberculosis visitors in 1958. There were also 1,791 visits by the tuberculosis visitors in 1959. Ineffective visits made by health visitors during 1956: 3,986. Ineffective visits made by health visitors during 1957: 4,532 Ineffective visits made by health visitors during 1958: 4,488. Ineffective visits made by health visitors during 1959: 4,106.

Although the total of 26,258 interviews and visits of health visitors during 1959 showed a reduction from 27,345 in 1958, three points should be kept in mind in explanation of this apparent decline in health visitor activity; (1) the poliomyelitis vaccination programme was intensified during the year, bringing in new age groups and taking both medical officers and health visitors from other duties; (2) it proved almost impossible to maintain the establishment of health visitors, and for most of the year there were one

or two vacancies; (3) the changing nature of health visitor activitie with the emphasis on the supervision of the whole family, healt education, and the increasing calls upon this service for advice of the problems of old age, made for many lengthy time-consuming interviews.

As in previous years, two health visitors were seconded for ful time duty at the Chest Clinic, but all other health visitors undertoo general duties on a district basis, among expectant mothers an young children below the age of five years, schoolchildren, and the elderly.

Mothercraft classes for schoolgirls continued at Bournemout School for Girls, and at Avonbourne, East Howe, Glenmoor an Summerbee Secondary Modern Schools, and in all 196 girls receive instruction.

Mothercraft classes for expectant mothers were held at Avebur and East Howe Clinics, and relaxation classes were held at Avebur. East Howe, Pelhams, Pokesdown and Strouden, 39 courses of 10 lecture/demonstrations being given to 448 mothers. Ten classe for husbands were also held at Avebury.

Visits to 546 elderly persons were undertaken during the yea a total of 2913 visits, and 267 visits were made at the request of the Bournemouth and East Dorset Hospital Management Committee in connection with applications for chronic sick beds at Christchurg and St. Leonard's Hospitals.

The laundry service, providing drawsheets, mackintosh sheet air rings and covers, was used in 93 cases, the laundering of soile articles being carried out, as before, by the laundry at the Roy Victoria Hospital.

The Chiropody Clinic at Stewart Road was held on 89 occasion during the year, 256 old persons making 858 visits, and here, as; the case of the laundry service, most of the cases came on the recommendation of the health visitors.

Health education has proceeded on the lines of previous Report and during the year 13 talks were given to women's organisations: the Borough.

As described in previous Annual Reports, Problem Familie have been discussed at monthly meetings of the Family Ca

ominittee, and 7 new cases were dealt with during the year, 4 of tem referred by the Health Department, 1 by the Housing Departent, 1 by the Inspector of the N.S.P.C.C., and 1 by the Welfare Torker of Dr. Barnardo's. In addition, 15 old cases were kept under view, and although in many cases it is difficult to see any real cogress, it is felt that this constant interest in these families helps tem from further deterioration.

THE HOME NURSING SERVICE

As in the case of Health Visiting, the number of visits made by ome nurses was lower than in the previous year, 76,086 compared ith 80,239, and here again the reason was mainly that more visits ere made to elderly and aged patients. During 1959, 62.6 per cent. the visits were made to patients over the age of 65 years, combred with 61.1 per cent. in 1958.

The establishment of home nurses remained as before, with a apperintendent, a Senior Nurse and 24 Home Nurses, working from teir homes but with a central office at Avebury, 10 Madeira Road. Ithough it is nothing like so easy to fill vacancies as in past years, ome Nursing still retains its appeal and the full establishment of the urses has been maintained during the year.

ew Patients Attended during 1959

In all, 3,524 patients were served during this year, of whom 763 were new cases, made up as follows:

Complaint					Ν	No. of Cases
Tuberculosis						107
Respiratory system	(other	than	T.B.)			192
Heart and Circulate						579
Digestive system						422
Reproductive system						112
Nervous system				• • •		135
Urinary system	• • •		• • •	• • •	• • •	138
^				• • •	• • •	174
70 . 4 .	• • •	• • •				
	• • •					103
Injuries, burns, etc.			• • •			125
Senility	• • •	• • •				143
Rheumatism						88
Leg Ulcers and Skin				• • •		168
Ear, Nose and Thro						23
Preparation for hos		reatme	ent		• • •	220
Miscellaneous condi	itions	• • •	• • •			34

2763

The age distribution of all patients treated in 1959 was :-

		Male	Female	Total	Percentage
0- 4 years 5-14 years 15-24 years 25-44 years 45-64 years 65-74 years 75- years	•••	21 21 19 85 271 297 393	5 19 61 207 608 676 841	26 40 80 292 879 973 1234	0.74 1.13 2.27 8.29 24.94 27.61 35.02
		1107	2417	3524	100.00

Sources of referral of new cases in 1959 were:

General Practitioners			 	1,852
Hospitals			 	610
Personal application			 	214
Voluntary agencies			 	4
Health Department and	Chest (Clinic	 	83
•				
				2,763

During the year, 2,845 cases were removed from the registrowing to:

Admission to hospital		 	 539
Died		 	 295
Satisfactory outcome of	case	 	 2,011
			0.045
			2,845

The Nursing of Sick Children

Less than 2 per cent. of patients nursed during 1959 were below the age of 14 years, chiefly for complications of infectious disease as minor medical and surgical conditions. Home nurses attended chipatients on their own districts and no special arrangements we necessary.

The Treatment of Visitors

Requests for the continuation of special treatments we received on 237 occasions, and 2,380 visits were made to visitors hotels, boarding houses and private holiday accommodation.

njection Therapy

During the year, 33,104 injections were given to 1,259 patients, of which 19,290 were insulin injections.

Daily injections were necessary for 439 patients, and 60 patients eceived injections twice a day.

Late Visits

The number of visits made between 8.0 p.m. and 8.0 a.m. fell from 275 in 1958 to 184 in 1959, and were carried out by the home surse on whose district the request arose.

At the end of the year 679 cases remained under treatment, receiving visits as follows:

Twice Daily	Daily	Alternate days	Twice weekly	Thrice weekly	Weekly	Fort- nightly	Monthly
8	81	28	88	47	226	94	107

A summary of the year's work and a comparison with previous years, was as follows:

,								
AT 1 C 4:	1952	1953	1954	1955	1956	1957	1958	1959
Number of patients on the Register, 1st Jan.	473	523	550	651	723	72 0	777	761
Number of new patients attended	2859	3072	3174	3407	3269	3249	3054	2763
Total number of								
patients attended	3332	3595	3724	4058	3992	3969	3831	3524
Number remaining on the Register on 31st								
December	523	550	651	72 3	72 0	777	761	679
Number of Patients						~~~		
taken off the Register Total number of nur-	2809	3054	3073	3335	3272	3192	3070	2845
	69 ,086	70,587	74,595	83,388	80,590	83,610	80,239	76,086

The illnesses of patients were classified as follows:

		1952	1953	1954	1955	1956	1957	1958	1959
Tuberculosis		78	83	70	89	126	146	139	107
Pneumonia		113	10 2	66	88	95	68	58	47
Miscarriages, etc.	• • •	37	7	8		6	18	26	18
Surgical		516	382	549	684	656	427	447	437
Medical		2554	2978	3017	3150	3098	3271	3136	2892
Infectious diseases	• • •	34	43	14	47	11	39	25	23
		3332	3595	3724	4058	3992	3969	3831	8524
			-						-

DOMESTIC HELP SERVICE

The impact of ageing population has fallen even more heavil upon the Domestic Help Service than on the Home Nursing Service for while the ambulant old man or woman frequently needs the services of a domestic help in the house, this is almost invariably services when sickness complicates the picture. Fortunately, there are stimmany such in the Borough who are able to make their own private arrangements to meet the sudden crisis, but the number seems the fall each year and in the not too distant future it would seem that the number of domestic helps must be considerably increased.

Compared even with the previous year, the number of case served over the age of 65 years increased from 789 (65.9 per cent) to 930 (70.6 per cent.), and although an additional seven part-time helps were recruited, one of the two full-time helps resigned.

The statistics of the service for 1959 were:

Staff. One full-time Organiser, 1 whole-time and 78 part-time workers.

SUMMARY OF CASES HELPED

Type of Case	Number	Hours spent	Percentage of Total Hours	Average hours per case
Old age	818 395 25 42 13 24	63,197 23,599 1,508 1,001 1,118 1,318	68.9 25.7 1.7 1.1 1.2 1.4	77.3 59.7 60.0 23.8 86.0 54.9
Totals	1,317	91,741	100.0	69.7

Classification of cases served (by ages).

Under 15 years 15-64 years 65 years and over	• • •	 24 363 930	(1.8%) (27.6%) (70.6%)
		1,317	(100.0%)

Ambulance Service

The ambulance arrangements in 1959 remained unchanged, being a combination of services directly provided by the Council, an agency arrangement with the St. John Ambulance Association, and the supplementary use of the Hospital Car Service. There has also, over the last few years, been an increasing use of the railway service, and British Railways have been extraordinarily helpful in arranging journeys, often at short notice.

During 1959 the number of patients carried by the local authority exceeded by nearly 4,000 the maximum carried in any previous year, and the table below shows that the total was more than four times the number carried in 1949, and was achieved on a mileage little more than twice as great as in that year.

TABLE SHOWING PATIENTS CARRIED AND MILEAGES COVERED BY AMBULANCE SERVICE SINCE 1949

_									
	Year	Local Authority		St. John Association		Hospital Car Service		Total	
	I car	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
	1949	7,990	82,824	1,736	30,513	7,141	89,997	16,867	203,334
	1950	11,937	100,634	2,545	31,325	7,438	82,431	21,920	214,390
	1951	12,335	103,192	2,973	25,401	13,132	82,467	28,440	211,060
	1952	15,340	110,424	3,160	21,391	15,639	71,425	34,139	203,240
	1953	18,782	127,334	2,159	13,619	17,446	73,258	38,387	214,211
	1954	20,683	127,975	268	1,228	17,353	71,456	38,304	200,659
	1955	23,104	142,991	163	1,131	18,241	69,740	41,508	213,862
	1956	27,409	148,584	271	1,430	18,006	72,625	45,686	222,639
	1957		159,511	427	1,487	17,257	70,866	48,420	231,864
	1958	31,037	157,235	557	1,264	18,441	82,911	50,035	241,410
_	1959	35,030	170,938	572	1,777	19,494	89,526	55,096	262,241

In regard to the average number of miles covered for every patient carried, there has been an almost continuous fall in each part of the service since 1949, and the use of radio control and the helpfulness of the hospitals and general practitioners have all played their part in this achievement.

	Av	erage miles cover	ed per patient carre	ied
Year	Local Authority	St. John Association	Hospital Car Service	Total all Services
1949	10.36	17.57	12.60	12.05
1950	8.43	12.31	11.08	9.77
1951	8.36	8.53	6.27	7.42
1952	7.19	6.76	4.56	5.95
1953	6.78	6.30	4.19	5.58
1954	6.18	4.58	4.11	5.23
1955	6.18	6.94	3.82	5.15
1956	5.42	5.28	4.03	4.87
1957	5.19	3.48	4.11	4.79
1958	5.07	2.27	4.50	4.82
1959	4.88	3.11	4.59	4.76

During 1959 the average number of patients per journey with the average number of miles each patient was carried was as follows:

Service	Average patients per journey	Average miles per patient
Local Authority St. John Ambulance Association Hospital Car Service Rail Transport	5.03 1.53 3.47 1.00	4.88 3.11 4.59 117.16

At the end of the year the Corporation fleet consisted of 8 ambulances and 3 utility dual-purpose vehicles, maintained by a staff of a Superintendent, Deputy, and 22 driver/attendants, and providing a 24-hour service.

THE WORK DONE BY THE SERVICE DURING 1959 IS SHOWN IN THE FOLLOWING TABLE

No. of	Stan	Rail 31.12.59 Miles		* 7 C	7	1	26
	by Kall	Rail Miles	118 16,890	216 22,240			334 39,130
Tran	ny	No.	118	216		1	334
Total	Mileages		113,327	57,611	1,///	89,526	262,241
Transport of	Apparatus	Midwives, etc.	18	54		1	72
Abortive	Service	Journeys	174	121		27	322
Patients Carried		Other	19,765	13,209	7/6	19,494	53,040
Patient	Accident	or Emergency	1,805	251		1	2,056
Patient	Tourneys		4,652	2,315	6/6	5,626	12,968
Vehicles (Number at 31.12.59)			Ambulances (8)	purpose (3),	Amburances (2)	Cars	
	Service		Directly provided Ambulances (8)	St Tolar Age	St. John Assu. Hospital	Car Service	

Vaccination and Immunisation

Protection against smallpox, diphtheria, whooping cough and poliomyelitis continued through the year under schemes approved by the Ministry, and practitioners co-operated in carrying out the work.

Vaccination against Smallpox

1,984 persons received protection against smallpox, 1,426 by general practitioners and 558 in the local authority clinics. The total included 971 infants under the age of one year, or 59.2 per cent.

Immunisation against Diphtheria

A total of 1,475 children received protection against diphtheria (696 by general practitioners and 779 at infant welfare clinics) and in addition 482 children received "booster" doses (9 by general practitioners, 473 at local authority clinics).

Details follow:

Number of Children in the Local Health Authority area on 31st December, 1959, who have completed a course of diphtheria immunisation at any time between 1st January, 1945, and 31st December, 1959.

Age on 31.12.1959 (i.e., born in year)	Under 1 1959	1-4 1955-1958	5-9 1950-1954	10-14 1945-1949	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1955-1959	379	4,295	2,778	2,404	9,856
B. Number of child- ren whose last course (primary or booster) was completed in the period 1954 or earlier			2,994	5,154	8,148
C. Estimated mid- year child popula- tion	1,640	5,960	18,	300	25,900
Immunity Index 100 A/C	23.1	72.1	28	3.3	38.1

Note.—The Immunity Index is the number of children immunised (primary or booster) during the last five years (total of item A) expressed as a percentage of the total estimated mid-year child population (total of item C), excluding any children who have passed out of the age group on 31st December, 1959, and any who are known to have died or left the area.

Immunisation against Whooping Cough

863 children were protected against whooping cough, 651 at local authority clinics and 212 by general practitioners.

Use of Combined Antigens

Eighty children received protection against both diphtheria and whooping cough, and 418 against diphtheria, whooping cough and tetanus. These preparations were used both by general practitioners and in the infant welfare centres, and children receiving protection against diphtheria in this way were included in the table above.

Vaccination against Poliomyelitis

During 1959, 15,112 persons completed two injections, and 17,290 third injections were given.

Details of the complete vaccination programme from its commencement in 1956 to the end of 1959 are as follows:

Persons who	have received three	e injections	23,789
Persons who	have received two	injections	11,301
i.e., a total of	f 93,969 injections	given to	35,090 persons
	Third	Second	
Age group	injection	injection	Total
1943/1959	19,571 - 70.9%	4,089 = 14.8	
1933/1942 Others	3,303 = 22.0%	6,551 = 43.	7% 65.7%
3 111 11			
	23,789	11,301	
	35,	,090	
	per	sons	
	·		

Prevention of Illness-Care and After Care

Arrangements in force during the year included:

(1) Tuberculosis

- (a) The seconding of two health visitors for full-time duty at the Chest Clinic and in domiciliary visiting of tuberculous patients.
- (b) The payment of a proportion of the salary of the almoner and occupational therapist employed at the Chest Clinic.
 - (c) Boarding out of child contacts.
- (d) Assistance in rehousing tuberculous patients by recommendation to the Housing Committee. During the year 12 cases were rehoused.
 - (e) Provision of nursing requisites.
- (f) Provision of domestic help, 25 patients receiving 1,508 hours service.
- (g) Rehabilitation of selected cases, one case being maintained at Papworth Hall, and one case at Enham Alamein.
- (h) A grant to the Bournemouth Voluntary Tuberculosis Care Committee in respect of their work in providing cash payments, extra nourishment, bedding, coal and other items for tuberculous patients and their families.
- (i) Occupational therapy for domiciliary patients, 76 cases receiving 803 visits during the year.

(2) Venereal Diseases

A health visitor attended the special clinic at the Royal Victoria Hospital.

(3) Illness generally

Provision was made at rest homes for the convalescence of patients recommended by general practitioners or hospital consultants. During the year 40 persons received recuperative holidays compared with 45 in 1958. The cost to the patient was based on income, but the majority of beneficiaries under the scheme paid little if anything. All patients who had been away in rest homes were visited on their return home by a health visitor, and almost invariably had benefited considerably in health.

Mental Health Services

Although the Mental Health Act, 1959, does not come into full operation until the autumn of 1960, its provisions are well known, following as they do so closely upon the Recommendations of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency.

The whole of the new legislation was designed in the interests of the mentally disordered patient, and put very simply, its objects are three-fold:

- (a) To make admission to a mental hospital as free from formality as possible, thus encouraging the patient to request treatment voluntarily at an early stage in his illness, in the hope that eventually fewer mentally disordered patients will require compulsory admission to hospital;
- (b) To provide a ring of safeguards around the mentally disordered patient so that there should never be any question of wrongful admission or detention in hospital.
- (c) To provide a whole series of community services (mainly provided by the local authority) to shelter the patient from the buffets of outrageous fortune and to rehabilitate and train him if possible to resume his place in society.

Even before the Act came into operation, informal admissions to mental hospitals were being arranged where possible, in co-operation with their Physician-Superintendents, and even though the mental hospitals serving the Bournemouth area are so far away, and so difficult for officers of the Department to visit, co-operation has reached a very high level.

It is very clear that if the Mental Health Act is going to be fully effective the three pillars of the National Health Service—the local health authority, the general practitioner service and the (mental) hospital service—must work together in perfect harmony, and until comparatively recently the importance of the general practitioner service has received scant recognition.

It is true that the local health authority has probably the greatest material contribution to make, in the shape of new training

centres, hostels, and community services generally, and that the hospital service must provide more accommodation for geriatric cases and more Psychiatric Out-Patient Departments. But general practitioners, with their intimate knowledge of the families on their list, are in the best position to observe those changes of character and behaviour that are so frequently the early signs of impending mental breakdown and to make the necessary arrangements for treatment at a stage when the patient is not only capable of cooperation, but treatment need not necessarily be prolonged.

The local health authority's part is to build up its social worker service, to provide facilities for training, rehabilitation and residential accommodation for the mentally disordered, and to bring public opinion to a realisation that their contribution towards the problem of mental ill health is all-important.

The Department's social worker service has been increased during the last two years, and a nucleus of men and women of good personality and common sense are visiting a high proportion of hospital discharges considered suitable by the hospital psychiatrists for after-care visits. Their liaison with the general practitioners and the Psychiatric Out-Patient Department at the Royal Victoria Hospital is a very close one, and by aftempting to solve the patient's social and domestic problems and giving support until he can attempt to stand on his own feet, something is being done to reduce the number of relapsed cases that occur so frequently when the discharged patient returns home, often to face the very conditions that precipitated his breakdown.

Mental social workers are all too few in number, and full professional training is long and expensive, but providing the candidates for this profession possess the cardinal virtues of personality and common sense, they can make highly successful social workers in a Department with skilled supervision from the top.

In regard to training facilities, the Council already possesses an excellent Training Centre for up to 100 trainees at Alma Road, with a first-class staff, and the improvement in morale and general behaviour of the children and adults transferred there from Pokesdown and Castlemain Avenue has been remarkable. Although primarily a Training Centre for the mentally subnormal, it has also proved most useful for the short-term rehabilitation of a small

number of carefully selected patients referred from the Psychiatric Out-Patient Department at the Royal Victoria Hospital.

On the question of residential hostels, a good deal of confusion appears to exist at all levels, and Ministry pronouncements from time to time have not really clarified the position.

The Royal Commission on the Law relating to Mental Illness and Mental Deficiency, 1954-1957, made the following statement in regard to the proper functions of hospitals and local authorities:

"The hospitals should provide in-patient and out-patient services for patients who need specialist medical treatment or training or continual nursing attention. The aim of hospital treatment or training is to make the patient fit to return to life in the general community. Patients should not be retained as hospital in-patients when they have reached the stage at which they could return home if they had reasonably good homes to go to. At that stage, the provision of residential care becomes the responsibility of the local authority."

The criterion for admission to local authority hostels of patients discharged from mental hospitals is that "they have reached the stage at which they could return home if they had reasonably good homes to go to" and the local authority is therefore required to act "in loco parentis" in the same way as it does under the Children Act towards children deprived of a normal home life. By the same token, a patient in a local authority hostel who was taken ill would be able to return to hospital as though the illness had occurred in his own home.

Local authority hostels could be used for patients other than those who have been in hospital, for the short-term accommodation of children or adults living at home, to give their relatives a break or a holiday, for the accommodation of patients who while not requiring admission to hospital, were being neglected in their own homes, and for other conditions where hospital care was not required.

Hostels under the Mental Health Act would stand in just the same relationship to the mental hospital as the "half-way house" stands towards the chronic sick hospital in the administration of the National Assistance Act.

The public's attitude towards the "new deal" for mentally disordered patients is the crux of the whole matter, and the public holds the key to success. It was public opinion that led to the appointment of the Royal Commission owing to the alleged wrongful detention of a small number of patients in mental hospitals and mental deficiency hospitals, and public opinion must not waver now that the "new deal" is accomplished.

The attitude of the general public, of every man, woman and child, towards the mentally disordered, their sympathy and understanding of the problems of this unfortunate group of people, and their willingness to help them, can do far more than a handful of professional social workers and many millions of pounds spent on new hospitals.

Work carried out during 1959

A total of 373 persons were admitted to mental hospitals during 1959, compared with 378 in 1958. Of these, less than 6 per cent. were "certified".

TABLE I.

ADMISSIONS TO MENTAL HOSPITALS DURING LAST 6 YEARS

	1				1		
Year	N.D.	V.	T.	Sec. 11	Sec. 14 etc.	Sec. 20	Total
1954		139	3	2	95	2	241
1955	11	166	10	2	95	42	326
1956	103	80	15	8	98	47	351
1957	98	92	12	6	77	76	361
1958	118	63	16	6	72	103	378
1959	119	28	4	8	18	201	373

Note that Section 20 (observation) beds did not become available until the end of 1954, and non-designated beds until the end of 1955.

TABLE II.

ALL PATIENTS ADMITTED TO DESIGNATED AND NON-DESIGNATED
PREMISES DURING 1959

			Mai	les				,	Fem	ales			
Age	N.D.	V.	T.	Sec.	Sec. 14 etc.	Sec.	N.D.	V.	Т.	Sec.	Sec. 14 etc.	Sec. 20	Total
10-20 20-30 30-40 40-50 50-60 60-70 70-80 80 plus	1 5 5 3 13 10 7 1	- 1 - 3 6 1 2 -			- 1 1 1 - -	-6 10 10 10 4 8 5	1 3 17 12 12 21 8	1 2 - 3 3 4 1 1	1 2	1 1 - -		6 13 15 18 21 29 32 14	9 32 52 56 70 70 60 24
ALL AGES	45	13	1	1	3	53	74	15	3	2	15	148	373

TABLE III.

PATIENTS ADMITTED, UNDER SECTION 20, DURING 1959

Subsequent history of patient	Males	Females	Total
) ied in hospital	1	3	4
ertified	2	12	14
ransferred to other mental hospitals		2	2
ransferred to general hospitals			
Secame Temporary Patients	-	6	6
ecame Voluntary Patients	30	85	115
Discharged "Not of unsound mind"	11	7	18
ecame N.D. or Informal	9	33	42
Totals	53	148	201

ALMA ROAD TRAINING CENTRE

One of the most important developments in the Council's cheme for the training and rehabilitation of mentally disordered ersons was the opening of the Alma Road Training Centre in May, 959.

Formerly a local authority school which, after a very short life, as severely damaged by enemy action during the second world are, it was restored and redesigned to provide self-contained

accommodation for the Civil Defence organisation and a Day Training Centre of 100 places.

The provision of this Centre allowed for the centralisation of training facilities for the mentally disordered, and the closure of two small units in Pokesdown and Southbourne, the first of which was contained in most unsatisfactory premises, and which caused dissatisfaction among the children attending it, and despair and despondency among the staff. There can be no question of the improvement in the general health and bearing of the children following a full year's experience of the new Centre, nor of the boost to the morale of the staff.

Although the Centre was primarily designed for training mentally subnormal children and adults, space was available for a certain amount of experimentation, and small groups of carefully selected patients attending the Psychiatric Out-Patient Department at the Royal Victoria Hospital have been accommodated, with considerable success.

Male activities include woodwork and metalwork in a fully equipped hand workshop with simple mechanical aids to mass production; basket work, brush work and coir mat making; weaving, rug making and other handicrafts; and simple horticulture on an allotment plot adjoining the Centre.

Female activities include cooking and laundry; needlework and embroidery; weaving, basket making and other handicrafts; and: for the smaller children there are provided the many activities common to nursery and kindergarten training.

As mentioned earlier, the general bearing of the trainees has shown great improvement since transferring to the new Centre, partly no doubt by their reaction to a vastly improved environment, but also to increased outdoor activities, and adequate play facilities. Open Days, Annual Sports Days and Christmas concerts and parties have also played their part.

Throughout, the Council has been fortunate in having the services of Dr. G. J. Bell, D.P.M., as Senior Medical Officer for Mental Health, and his great experience of both mental illness and mental subnormality has been invaluable in the selection of children for training and in their supervision while at the Centre.

Mr. Ashley and Miss Copping, respectively supervisors of male and female training, have ably surmounted the many difficulties inseparable from a new development of this kind, and together with six assistant supervisors form one of the very best training teams in the country.

There has been very close co-operation between the Centre staff and the Departmental mental welfare officers and social workers, who have always been ready to keep the Centre going in emergencies, and it is to their good offices that the success of the classes for psychiatric out-patients is largely due.

Future developments in the mental health service will be entirely dependent upon adequate staff reinforcements, and the existing mental welfare officers, social workers and Training Centre staff form a splendid nucleus.

MENTAL DEFICIENCY ACTS, 1913-1938

During the year, 10 new cases of mental deficiency were confirmed; 9 being children below school leaving age, reported by the Local Education Authority. The remaining case was a boy of 16 years who had previously been in receipt of home tuition.

Nine of these ten cases were placed under Statutory Supervision while continuing to live in their own homes, and were visited by the mental health staff as often as necessary. The other case was admitted to a mental deficiency hospital. All nine cases remaining at home were offered vacancies at the Training Centre and all were in regular attendance at the Centre by the end of the year, except one, who because of his age did not commence until after the Christmas holidays.

The position at the end of the year was that 308 cases of mental deficiency were on the Authority's registers, as follows:

Under Statutory Supervision Under Guardianship In Hospitals Under Voluntary Supervision			16 years Females 22 2 14		
Tor	CAL	33	38	121	116

In all, a total of 10 patients were admitted to mental deficiency hospitals during the year, including the one new case referred to above. Two cases were admitted to Coldeast Hospital, four cases to Tatchbury Mount Hospital, two to St. Mary's Home, Alton, one to Normansfield Hospital and one to Rampton Hospital.

In addition to these admissions, three cases were admitted to hospitals for short periods, and two others were sent into private care, in order to give their parents temporary relief, and the Physician Superintendents of the hospitals were most co-operative in arranging temporary admission in cases of genuine need.

Three deaths occurred, two in hospital and one at home.

At the end of the year eight cases (three male, two female, and three children) awaited urgent hospital admission and there were 7 less urgent cases (3 males, 1 female and 3 children).

A further 4 children received some training at home and 33 children are attending Training Centres conducted by other and Authorities. One patient from Cornwall was attending the Bournemouth Centre at the expense of the Cornwall Authority while temporarily resident in the town.

Nursing Homes

At the end of the year, 49 nursing homes were registered with: the local health authority, 4 more than in 1958. Accommodation was provided for 10 maternity and 618 medical and surgical cases, but the vast majority of the beds tended to be occupied by aged, "chronic sick" patients, and the proportion of young, acutely ill patients declined.

The twelve years since the inception of the National Health Service Act has seen a remarkable change in the number of private nursing homes in Bournemouth and the type of patient using them. In 1948 there were 63 nursing homes providing 633 beds, of which 77 were maternity beds; in 1959 there were 49 nursing homes providing 628 beds of which only 10 were maternity beds.

Bournemouth Crematorium

Since the opening of the Crematorium in 1938, there has been a steady increase in this method of disposing of the dead, the yearly totals being:

1938				229
1939				384
1940				514
1941				557
1942				584
1943				693
1944	****	* * * *		708
1945	* * * *	* * * *	* * * *	742
1946	****	* * * *	* * * *	834
1947		• • • •		1026
1948			* * * *	1012
1949	****		• • • •	1155
1950		• • • •		1306
1951			* * * *	1484
1951	• • •	• • •	• • •	1472
	• • •	• • •	• • •	1681
1953		• • •	• • •	
1954	• • •		• • •	1770
1955	• • •	• • •	• • •	1991
1956		• • •		2142
1957				2207
1958			• • •	2340
1959		• • •	• • •	2472

An analysis of the statistics for 1959 showed that 46.9 per cent. of applications for cremation came from within the Borough, while 53.1 per cent. were received from other areas.

The Medical Officer of Health is the Medical Referee to the Crematorium, and in an emergency has two deputies authorised by the Home Office, the Deputy Medical Officer of Health and one of the Assistant Medical Officers of Health.

NATIONAL ASSISTANCE ACT, 1948

Section 47. No action was necessary under this section of the Act.

NATIONAL ASSISTANCE ACTS, 1948-1951 — INCIDENCE OF BLINDNESS

In Bournemouth, the registration of blind persons and the provision of welfare services for this category of disabled persons is

carried out by the Welfare Services Committee, and the following information in respect of new registrations has been supplied by the Chief Officer of Welfare Services:

(i) Number of cases registered during the year in		Cause of	Disability	
respect of which para. 7(c) of Forms B.D.8 recommends:—	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	12	1		19
(b) Treatment (Medical, Surgical or Optical)	25	7		18
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	5	4		13

Public Health Laboratory Service

Report by Dr. G. J. G. King, Director of the Bournemouth Laboratory

NUMBER OF SPECIMENS	S RECEIVED	FROM	BOOL	INEM	ourn,	1999
Nose and throat swabs					• • •	98 5
Specimens of sputum						5621
Specimens of faeces and urin	1e					337
Specimens of water						522 -
Specimens of milk		* * *				442
Specimens of ice cream				• • •	• • •	79
Other human specimens (wo						96
Specimens of food (tinned fo						170
Other Sanitary Specimens (s	ewage swabs, b	ottle rin	ses, vet	erinar	y, etc.)	279
						=044
						7644

Specimens were submitted by:

			Lota	il Specimens
(a)	Royal Victoria Hospital	• • •		103
(b)	Sanatoria			2274
(c)	Local Practitioners			404
(\mathbf{d})	Public Health Department			1523
(e)	Bournemouth Chest Clinic			3327
(f)	Mass Radiography			13
(-)				
				7644

Water Supply

The water supply to the Borough comes from two sources, the Bournemouth and District Water Company supplying the whole of the Borough with the exception of that part of Southbourne east of Irving Road and Clifton Road, which is supplied by the West Hants Water Company.

Chemical and bacteriological analyses have been carried out at regular intervals at various points in the Borough, and have all proved satisfactory.

REPORT BY A. J. MORTIMER, METEOROLOGICAL REGISTRAR

1959 Summary

The summer of 1959 will, of course, go on record with the best summers of the century, and for sunshine will rank as the second best, 1911 with its 2137.4 hours still being the holder of the sunshine record. Third in the list comes 1949 with 2058.6 hours. The year also tied with 1921 as the second warmest year of the century, 1949 with 53.0 degrees being the warmest.

A dry winter (February had only 0.33 inches of rain) was followed by a wet spring (March, 3.76 inches and April, 2.51 inches) and then followed the well-remembered practically unbroken spell! of summer weather. In the five months May to September inclusive only 7.43 inches of rain fell, less than was recorded for December, 1959. In the same period 1292.8 hours of sunshine were recorded and maximum temperatures of 75.0, 76.0, 79.0, 80.0 and 82.0 degrees —a really remarkable spell of weather.

In the late autumn and winter rainfall rose, with the result: that the year's total of rain is slightly above average.

SUMMARY

Highest temperature recorded Lowest temperature recorded Greatest fall of rain in one day Total rainfall Total sunshine Number of days with sunshine Number of days with rain Mean temperature

82 degrees on 12th September.
24 degrees on 14th January.
1.61 inches on 10th July.
32.73 inches (average 31.21).
2083.0 (average 1709.9) hours.
316
143
52.0 degrees (average 50.9 degrees).

BOURNEMOUTH CLIMATOLOGICAL STATION.

Latitude 50° 44'N. Longitude 1° 53'W. Height above Mean Sea Level, 130 feet.

TABLES OF TEMPERATURE, SUNSHINE AND RAINFALL

1. TEMPERATURE.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Average	41.0	41.3	44.3	48.5	53.7	59.3	62.7 62.8	62.4	58.4	52.1 56.1	45.5	41.7
Absolute Maximum Date	57.0 7th	55.0 24th	59.0 27th	61.0 3rd	75.0 13th	76.0 15th	79.0 5th	80.0 26th	82.0 12th	63.0 14th	62.0 1st	54.0 16/19/ 21st
Absolute Minimum Date	24.0 14th	28.0 19th	31.0 19th	34.0 19th	35.0 6th	42.0 3rd	48.0 14th	46.0 30th	42.0 27th	39.0 18th	.27.0 12th	29.0 2nd
Mean Range Humidity %	91	9.2	10.6 87	11.7	16.9	15.7 76	16.6	16.4	20.5	13.6	11.9	9.7

Mean temperature for 1959—52.0°.

Average (Air Ministry)—50.9.

2. SUNSHINE (Hours).

	Jan.	Jan. Feb. Mar.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Average	62.3 115.5	1	79.2 137.3 64.2 137.6	175.5	213.6 253.8	229.8 239.4	210.8	203.1 233.6	151.8	115.3 168.8	71.7	59.5 45.0
Average per day (1959)	3.7	2.3	4.4	6.2	8.2	8.0	10.3	7.5	8.2	5.4	2.5	1.5
Highest amount in one day Date		7.8 9.3 27th 28th	10.7 28th	13.4 28th	13.8 15th	14.6 14th	15.4 6th	13.3 7th	11.7 8th	9.8 4/5th	8.3 7th	6.6 4th
Days with sunshine	24	17	28	26	31	29	31	31	30	29	23	17

RAINFALL (Inches).

တ်

Average (Air Ministry) - 1709.9.

Total for 1959 - 2083.0.

	Jan.	Feb. Mar.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Average	3.56	2.28 0.33	2.06	2.00	1.90	1.56	2.22 2.30	2.47	2.50	3.46	3.74	3.46
Daily Average	0.12	0.01	0.12	80.0	0.02	90.0	0.07	0.08	0.009	0.10	0.14	0.25
Greatest fall in one day Date	0.71 5th	0.32 9th	0.64 29th	0.50 25th	0.30 22nd	0.54 24th	1.61 10th	0.85 11th	0.16 21st	0.95 26th	0.59 12th	1.00 6th
No. of days with rain	17	2 15	15	14	œ	11	9	7	3	13	21	26

Total for 1959 - 32.73

* Average (Air Ministry) - 31.21

* Revised average based on period 1916-1950.

SANITARY CIRCUMSTANCES, HOUSING AND INSPECTION OF FOOD

Report by William Riley, Chief Public Health Inspector

1. Housing

(HOUSING ACI, 1957 AND PUBLIC HEALTH ACI, 1936)
Number of houses inspected for housing defects	327
Number of visits made for the above purpose 1,	497
Repair.	
Houses found not in all respects reasonably fit for human habita-	
tion but capable of repair	107
Defective houses made fit following informal action (* This includes houses brought forward from 1958).	97*
Houses in which defects were remedied after service of formal notices under the Public Health Act, 1936:—	
(a) by owners	9
(b) by local authority in default of an owner	1
Houses made fit after service of formal notices under the Housing Act, 1957:—	
(a) by owner	2
(b) by local authority in default of owners	Nil
Demolition and Closures (Housing Act, 1957).	
(i) Houses demolished following formal action under Section 17	6
(ii) Local authority owned houses demolished	Nil
(iii) Houses closed	2
(iv) Parts of buildings closed (Section 18)	Nil
(v) Closing Orders rescinded	2

(c) Clearance Areas (Housing Act, 1957, Part III, Sections 42, 43(3) and 44).

Upon consideration of the official representation of the Medical Officer of Health (dated 27th July, 1959) the Council declared four areas in Bournemouth to be Clearance Areas. The grounds for the representation were:—

- (a) that the dwelling-houses in the areas are unfit for human habitation or are, by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the areas, and that certain other buildings are for a like reason dangerous or injurious to the health of the inhabitants;
- (b) that the most satisfactory method of dealing with the conditions in the areas is the demolition of all the buildings in the areas.

Suitable alternative accommodation will be available on the Council's housing estates for all persons displaced if the houses are demolished.

In the case of these areas, Compulsory Purchase Orders were made in respect of land comprised in three of them and of land surrounded by or adjoining the areas. In the fourth, a Clearance Order was made.

Particulars are as follows:—

Part III	Lands outside the clearance area.		Dwelling-house, No. 4 Terrace Road and the dwelling-houseandgrocer's shop, No. 2 Terrace Road. Vacant land between Nos. 8 and 12 Essex Terrace.	Dwelling-houses Nos. 50, 52, 54, 56, 58 and 60 West Hill Place; Upholsterer's store at No. 62 West Hill Place.
Part II	Lands included in the clearance area on the ground only that the buildings thereon by reason of their bad arrangement in relation to other buildings or the narrowness or bad arrangement of the streets were dangerous or injurious to the health of the inhabitants of the area.	Land and buildings used by the Bournemouth Window Cleaning Co. at rear of No. 27a Terrace Road.	Dwelling-house, No. 10 Terrace Road and the vacant office premises, No. 6 Terrace Road.	Dwelling-house, No. 12 West Hill Place and store and garages at 26 and 30 West Hill Place.
Part I	Lands within the curtilage of the following dwelling-houses which were represented as unfit for human habitation.	Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 19a, 21, 23, 25, 27, 27a (formerly 29) Terrace Road.	Nos. 1, 2 and 3 Fox Cottages, Fox Yard; 12 and 14 Terrace Road; vacant common lodging house and dwelling-house at No. 8 Terrace Road; Nos. 1, 2, 3, 4, 5, 6, 7, and 8 Essex Terrace.	Nos. 5, 6, 7 and 8 Mannington Place; Nos. 1, 2, 3 and 4 Alma Terrace; Nos. 3, 5, 7, 8, 10, 14, 16, 18, 20, 22, 24, 32, 34, 36, 38, 40, 42, 44, 46, 48, 64, 66, 68, 70, 72, 74, 76, 78 and 80 West Hill Place.
Order		1. County Borough of Bourne- mouth (Terrace Road) Compulsory Purchase Order, 1959	2. County Borough of Bourne- mouth (Essex Terrace) Com- pulsory Purchase Order, 1959	3. County Borough of Bourne- mouth (West Hill Place) Compulsory Purchase Order, 1959

- N.B. (i) Compulsory Purchase Orders regarding areas Nos. 1 and 2 above were withheld pending negotiations.
 - (ii) As a number of objections were made in respect of the inclusion of certain premises in area No. 3 above, the Minister of Housing and Local Government held a Public Local Inquiry on 10th November, 1959. Subsequently, on the report of his Inspector, he found that No. 1 Alma Terrace and Nos. 5, 8, 38 and 48 West Hill Place were not unfit for human habitation and that they should be included in the Clearance Area only by reason of bad arrangement. Otherwise, he found that the remainder of the houses in the Clearance Area were rightly represented by the Council as either unfit or badly arranged. He recommended that the Order be confirmed, with corresponding modifications.
- 4. The Council also made a Clearance Order in respect of the dwelling-houses Nos. 12 and 13 Essex Terrace, and the vacant dwelling-house, No. 14 Essex Terrace. This was subsequently confirmed by the Minister of Housing and Local Government. All these houses have now been demolished.

(d) Housing Repairs and Rents Act, 1954 and Rent Act, 1957.

Inspections made re applications for Certificates of Disrepair and the revocation thereof

80

(e) Overcrowding (Housing Act, 1957—Part IV).

Number of houses inspected re alleged overcrowding	• • •	29
Number of houses found to be overcrowded		7
Number of cases of overcrowding abated		6
Number of houses visited to ascertain "permitted number"		32
Number of rooms measured to ascertain "permitted number"		57

(f) Applications for Corporation Houses.

In 25 cases, applicants' houses were visited when any overcrowded or other unsatisfactory conditions were noted for subsequent action.

(g) Movable Dwellings (Public Health Act, 1936, Sections 268 and 269).

During the year 1959, the position as regards caravans in Bournemouth was as follows:—

differitodell was	45 101	10 11 2	, .						
Number of appli	ications	for	licences	to stat	ion and	l use	caravans	as	
dwellings									24
Number granted	l.			• • •	• • •				24

(Note.—An applicant must also obtain the consent of the Town and Country Planning authority in addition to a licence under the Public Health Act, 1936. Thus, both health and amenities are safeguarded).

Number of licensed sites for caravans	11
Number of applications for extensions or variations of site licences	Nil
At 31st December, 1959, the total number of caravans licensed to	
be used as dwellings in the Borough was	696
Number of visits to caravan sites during the year	161

Generally, the caravans and sites were well maintained during the year.

(h) Land Charges Enquiries.

During the year 5,577 enquiries regarding various properties were dealt with.

II. Inspection of Food and Food Premises

Maintaining the cleanliness of food and drink sold to the public and, also, hygienic conditions in premises where these commodities are stored, prepared and sold, is of paramount importance. Especially is this so in Bournemouth, where catering is the main industry. Thus, a grave responsibility is imposed on employers and their staffs alike if outbreaks of food-poisoning are to be avoided.

Your Public Health Inspectors, augmented by four temporary Inspectors during the months of July, August and September, made very many visits to explain and, where necessary to enforce the provisions of the Food Hygiene Regulations of 1955. The results of this campaign have been most gratifying and reflect great credit on all concerned.

The 203 informal notices sent during the year have for the most part been remedied and it was not necessary to institute legal proceedings for contraventions of the Food Hygiene Regulations, 1955.

Details of visits to various food premises are given below.

Type of Premises	No. in	Borough	No. of visits
Bakehouses		53	172
Cafés and Restaurants		167	616
Confectioners' and Pastrycooks' Shops		155	290
Cooked Meat Shops		52	306
Fishmongers' and Poulterers' Shops		54	175
		31	91
Greengrocers' Shops		167	319
Grocers' Shops		348	887
Gut Scraping Works		1	6
Hotel and Boarding House Kitchens		930	2,177
School Feeding Centres		30	69

Propaganda

Posters showing aspects of food hygiene were delivered to many shops and catering establishments in the Borough.

In February, 1959, the Department displayed appropriated posters and photographs and supplied leaflets at the Bournemouth Open Culinaire Competition and Catering Trades Exhibition held in the Town Hall. Here, the visitors' interest in Food Hygiene was also aroused by a "Talking Kitchen"—devised by Mr. Morley Parry, Food Hygiene Advisory Officer of the Ministry of Health and constructed by your Public Health Inspectors and other willing helpers. Local firms kindly loaned equipment. This exhibit included a script, recorded locally, which stressed, in a novel way with musical accompaniment, the importance of care and cleanliness in food handling.

(a) Meat Inspection.

There are no slaughterhouses in Bournemouth within the meaning of the Food and Drugs Act, 1955. A small building privately owned, is used for the occasional slaughter of pigs, the carcases and organs of which are not for sale.

Home-killed meat is brought into Bournemouth from slaughter houses and markets in other districts. The slaughterhouse at Uddens Cross, in the Wimborne and Cranborne Rural District, is the nearest modern slaughterhouse supplying the Bournemouth area.

The 112 butchers' shops and 8 wholesale meat stores were visited on 473 occasions during the year to ensure that meat ance offals stored and offered for sale were fit for human consumption.

Three slaughtermen's licences were issued during 1959.

(b) Milk Supplies.

During 1959, all milk sold in Bournemouth was of the following special designations, thus complying with the requirements of the Milk (Special Designations) (Specified Areas) Order, 1952.

(1) "Pasteurised" and "Tuberculin Tested (Pasteurised) Milk".

Supplies of these were bottled at three licensed pasteuriing plants in Bournemouth and at two in Poole.

(2) Sterilised Milk.

A small quantity of this milk, processed and bottled in another town, is sold in the Borough.

The Ministry of Agriculture, Fisheries and Food is responsible for the supervision of milk production at the few farms remaining in Bournemouth.

Supervision of the pasteurisation, bottling and distribution of milk is carried out by your Public Health Inspector.

Details of these duties are given below.

(i) THE MILK AND DAIRIES (GENERAL) REGULATIONS, 1959.

				Number	Inspections
Dairies				 3	$\bar{2}13$
Milkshops		• • •		 267	380
Pasteurising P	lants		• • •	 3	67

(ii) THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-1953 and the

MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949-1954.

The undermentioned licences were in operation during 1959:

"Tuberculin Tested" Milk.

Bottlers	Licences			 3
Dealers'	Licences		• • •	 150
Dealers'	Suppleme	ntary	Licences	 3

"Pasteurised" Milk.

Dealers' (Pasteurisers') Licences	3
Dealers' Licences	267
Dealers' Supplementary Licences	4

"Sterilised" Milk.

Dealers' Licences 1

296 samples of "Pasteurised" Milk, 105 of "Tuberculin Tested (Pasteurised)" Milk and 18 of "Sterilised" Milk were subjected to the prescribed tests at the Public Health Laboratory. All but one were found to be satisfactory. The unsatisfactory sample was followed by satisfactory repeat samples. Although careful inspection and checking was carried out at the Dairy concerned, no apparent cause for the failure could be discovered.

(c) Ice Cream.

THE FOOD AND DRUGS ACT, 1955, SECTION 16.

THE ICE CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1947-1952

Number of premises r during 1959	egistered	Total number of premises on register	No. of visits to premises during 1959
For manufacture For storage and sale	Nil 51	3	10 1,167*

^{*} In addition, 234 enquiries were made at other shops regarding the sale of ice cream.

66 samples of ice cream were submitted to the methylene blue test at the Public Health Laboratory, with the following results:

No. of samples	Result (Provisional Grade)*
57	Grade I
6	Grade II
2	Grade III
1	Grade IV

^{*} Grades I and II are classed as satisfactory; but where a series of samples from the same supply fall within Grades III and IV, the bacteriological purity of the ice cream is deemed to be unsatisfactory.

The above unsatisfactory samples represent 4.54 per cent. of the number taken.

Eight samples of this commodity were also submitted for chemical analysis. One sample of ice cream sold as "Dairy Ice" Cream" contained no butter fat and could not, therefore, be so described, and another sample contained an excess of lead. Appropriate action was taken in these cases. The remainder were satisfactory.

(d) Ice "Lollies".

20 samples submitted to the Public Health Laboratory for bacteriological examination and 6 obtained for chemical analysis were all satisfactory.

(e) Water Cress, etc.

5 samples of water cress and three of mustard and cress were submitted for bacteriological examination. All were found to be contaminated with faecal organisms. The suppliers and shop-keepers concerned were promptly warned.

(f) Prepared Foods (Food and Drugs Act, 1955, Section 16).

90 premises in the Borough are registered for the manufacture of meat or fish products and during the year 79 visits were paid to these premises. The 27 samples of cooked meat and meat products examined were all found to be bacteriologically satisfactory.

8 samples of cooked cockles and prawns were obtained from a local fishmonger's shop. The first samples taken showed heavy contamination by faecal organisms, and further sampling and investigation revealed that this contamination had taken place after the shellfish had been delivered to the shop. Satisfactory samples were obtained after advice had been given regarding the hygienic handling, preparation and display, including proper cleansing and sterilisation of the utensils used.

(g) Other foodstuffs.

15 samples of other foods, including tinned and fresh meat, cooked apples, cake mixture, duck eggs, frozen peas, margarine and skimmed milk powder, were submitted for bacteriological examination at the Public Health Laboratory, all with satisfactory results.

(h) Foodstuffs Condemned.

During the year 1959 a total of 8 tons 3 cwts. 3 qtrs. and 14 lbs. of foodstuffs were condemned as unfit for human consumption. This amount was 39 per cent. less than in the previous year.

Details are as follows:

Description		Tons	Cwts.	Ors.	Lbs.
Fish	• • •		13	0	171
		1	3	0	4
		4	16	2	11
Other Foods		1	11	0	91

After observance of the necessary safeguards, some of the condemned food was used for animal feeding purposes. Diseased and unsound meat is collected locally by a private firm for processing into industrial fats and fertilisers in another town.

(i) Gerber Testing of Milk.

Routine sampling and Gerber testing of milk was carried out throughout the year by Mr. Clarkson, one of the District Public Health Inspectors.

The results are as follows:

$No.\ of$	No.	No.
Samples	Satisfactory	Unsatisfactory
119	116	3
53	52	1
69	69	_
-		
241	237	4
	Samples 119 53 69	Samples Satisfactory 119 116 53 52 69 69

The four unsatisfactory samples were slightly deficient in non-fatty solids, and were in all cases followed by satisfactory repeat samples. In no case was the milk fat content below the prescribed standard.

(j) Sampling of Food and Drugs.

Your Public Health Inspectors, acting as Sampling Officers under the Food and Drugs Act, 1955, obtained 151 formal and 139 informal samples for examination by the Public Analyst, who reported adversely on 12 of them.

Details are set out in the following statement:

Formal Samples

Referen	ice
No.	Sample
251	Bread and Butter

Nature of Adulteration Fat consisted of 7.3% butter and 92.7% margarine.

Action taken, etc.

No action taken as the mixture was declared by notices at the place of sale.

Reference

No. 881	Sample Hot Milk	Nature of Adulteration Action taken Contained 9.7% ex- traneous water. Extraneous water to heating by st injection.	due
883	Hot Milk	Contained 3.2% ex- Warning letters set traneous water. Vendors.	nt to
885	Salicylic Acid Ointment	35% deficient in sali- No proceedings cylic acid. Instituted in view report from Government.	w of
7	Persian Tea	ment chemist. Contained excess of Warning letter ser siliceous matter. Vendor.	it to
D. C.		Informal Samples	
Reference No.	Sample	Nature of Adulteration Action taken, et	c.
J.5	Lentils	Contained mouse ex- Vendor warned. creta. Cleared of mice.	
E.36	Sausages, pork	4.2% deficient in Vendor warned.	
H.3	Cream, ice	0.4 p.p.m. excess of Manufacturers information lead.	rmed
J.15	Beef Sausages	Sample consisted of Vendor warned. Pork Sausages.	
E.44	Cream Bun	Filling contained fat Vendor warned. other than Butter Fat.	
E.46	Cream Puff	Filling contained fat Vendor warned. other than Butter Fat.	
H.5	Dairy Ice Cream	Contained no butter Manufacturers wa fat.	rned
		Acc.	
		And the second s	
111			
III.		nitation, Inspection of Shops a	and
III.		nitation, Inspection of Shops are and Miscellaneous Duties	and
III.	Factorie		and
(a) Nuis	Factorie ances.	es and Miscellaneous Duties	and 912
(a) Nuis Complain Statutory	Factories ances. ts received and inverting Nuisances found	es and Miscellaneous Duties estigated	912 554
(a) Nuis Complain Statutory Statutory	Factories ances. ts received and inverting Nuisances found Nuisances abated	es and Miscellaneous Duties estigated	912 554 501
(a) Nuis Complain Statutory Statutory	Factories ances. ts received and inverting Nuisances found	es and Miscellaneous Duties estigated	912 554
(a) Nuis Complain Statutory Statutory Total nun	Factories ances. ts received and inverse Nuisances found Nuisances abated aber of visits re the	es and Miscellaneous Duties estigated	912 554 501
(a) Nuis Complain Statutory Statutory Total nun (b) Drai	Factories ances. ts received and inverse Nuisances found Nuisances abated aber of visits re the nage Work.	estigated	912 554 501 3086
(a) Nuis Complain Statutory Statutory Total nun (b) Drai Visits to 1	Factories ances. Its received and inverting Nuisances found Nuisances abated aber of visits re the large Work. Solution of the large work. Solution of the large work.	estigated above	912 554 501 3086
(a) Nuis Complaint Statutory Statutory Total num (b) Drai Visits to 1 Tests app Defects for	Factories ances. ts received and invention Nuisances found Nuisances abated aber of visits re the nage Work. buildings in course lied to drainage at ound and remedied	estigated	912 554 501 3086
(a) Nuis Complaint Statutory Statutory Total num (b) Drai Visits to 1 Tests app Defects for Visits to 6	Factories ances. Its received and invention Nuisances found Nuisances abated aber of visits re the line of visits re the line of the line	estigated	912 554 501 3086 3788 3087 432 784
(a) Nuis Complain Statutory Statutory Total nun (b) Drai Visits to 1 Tests app Defects for Visits to a Tests app	received and inventionances found Nuisances abated aber of visits re the buildings in course lied to drainage at bund and remedied existing buildings relied to drainage at	estigated	912 554 501 3086 3788 3087 432 784 368
(a) Nuis Complain Statutory Statutory Total num (b) Drai Visits to 1 Tests app Defects for Visits to 0 Tests app Defects for Cesspools	Factories ances. Its received and invention Nuisances found Nuisances abated aber of visits re the land of the land of the land and remedied existing buildings relied to drainage at bund and remedied built	estigated	912 554 501 3086 3788 3087 432 784
(a) Nuis Complain Statutory Statutory Total nun (b) Drai Visits to la Tests app Defects for Visits to or Tests app Defects for Cesspools Cesspools	ractoricances. Its received and inventionances found Nuisances abated aber of visits re the nage Work. Solidings in course lied to drainage at bund and remedied existing buildings relied to drainage at bund and remedied built abolished and drainage and only the name of the n	estigated	912 554 501 3086 3788 3087 432 784 368 137 11 5
(a) Nuis Complain Statutory Statutory Total num (b) Drai Visits to la Tests app Defects for Visits to or Tests app Defects for Cesspools Cesspools *Private s	ractoricances. Its received and inventionances found Nuisances abated aber of visits re the nage Work. Solidings in course lied to drainage at bund and remedied existing buildings relied to drainage at bund and remedied built abolished and drainage and sanitary surveys me	estigated	912 554 501 3086 3788 3087 432 784 368 137 11
(a) Nuis Complain Statutory Statutory Total num (b) Drai Visits to 1 Tests app Defects for Visits to 2 Tests app Defects for Cesspools Cesspools *Private s	ractoricances. Its received and inventionances found Nuisances abated aber of visits re the second and remedied existing buildings relied to drainage at bund and remedied existing buildings relied to drainage at bund and remedied built abolished and drainage and and and remedied built abolished and drainage at sanitary surveys made all amount received	estigated	912 554 501 3086 3788 3087 432 784 368 137 11 5

Rateable value of the property under £50 Rateable value of the property over £50 but under £250 Rateable value of the property £250 or over	3	8. d. 12 6 13 6 6 0
(c) Refuse Accommodation.		
Number of dustbins provided following service of notices		177
(d) Disinfestation.		
†Number of premises treated with insecticides †Number of wasps' nests destroyed (at a charge of 7/6 per nest)		557
Number of inspections of verminous premises		163
(e) Notifiable Diseases and Disinfection.		
Visits regarding enquiries		497
†Number of rooms treated with disinfectant :—		
(a) After notifiable disease		10
(b) After non-notifiable disease		41
(c) After tuberculosis		11 79°
† All this work was carried out by the Public Health Inspectors' Ass	ista	ints.

(f) The Control of Rats and Mice.

During 1959, the Rodent Control Staff visited a total of 4,588 properties in the Borough (comprising land and buildings) following notifications of infestations and also in connection with surveys. Of these, 1,361 properties were found to be infested with rats to a minor extent and 71 were similarly infested with mice. All these were treated by the staff with good results. No major infestations were discovered.

The general opinion seems to be that it is the duty of the local authority to exterminate these pests in privately-owned property. All those concerned should note, however, that the Prevention of Damage by Pests Act, 1949, makes the owner or the occupier of infested land or buildings responsible for this duty. But the local authority is always willing to assist householders, free of charge, if they will co-operate.

In the case of business premises, however, a minimum charge of £2 10s. 0d. is made for this service. In the year 1959, a total of

129 such premises were treated, the income from this source being £329.

Rodent Control is not merely the laying of baits or the setting of traps. It is much more. It involves the active co-operation of the general public, and, in particular householders, visitors and the occupiers of business premises, especially where food-stuffs are stored. The storage of refuse in suitable and covered receptacles; the elimination of litter and accumulations of garden refuse; the proofing of buildings against the entry of rodents—are all elementary precautions which, if observed, would help reduce (a) the number of rats and mice in Bournemouth, and (b) the expenditure on this service which costs the ratepayers over £3,000 per annum.

Close co-operation was maintained with officials of the Pests Division of the Ministry of Agriculture, who were always helpful.

(g) Rag Flock and Other Filling Materials Act, 1951.

The purpose of this Act is to enforce the use of clean materials for filling upholstered articles, including furniture, bedding and baby carriages.

At the end of the year, twelve upholsterers' premises were registered and three annual licences were granted for the storage and sale of rag flock. The three samples of filling materials taken for analysis were satisfactory and no contraventions were noted. Sixteen inspections were made of upholsterers' premises.

(h) Pet Animals Act, 1951.

66 visits were made to pet shops to ensure that the provisions of the Act relating to the welfare of animals for sale were duly observed.

Fifteen persons were granted annual licences to keep pet shops.

(i) Places of Entertainment.

80 inspections were made of theatres, cinemas and other places of entertainment as a matter of routine and in connection with the granting and renewal of licences. Such items as the general clean-liness of premises, the efficiency of ventilating systems, and the

proper maintenance of sanitary accommodation, staff and dressing rooms were all taken into account. One can report with satisfaction upon the high standards of hygiene maintained in local places of entertainment.

(j) Atmospheric Pollution (Clean Air Act, 1956).

In February, 1959, four stations were set up for the estimation of atmospheric pollution. These are situated at Kinson Sewage Works, King's Park, The Herbert Hospital and the Corporation's Maxwell Road Depot.

The apparatus at each station comprises two instruments. One is a standard deposit gauge with a glass bowl and a storage bottle for the collection of rainwater and solid particles in the atmosphere; the other is a lead peroxide instrument used for the estimation of sulphur dioxide.

Monthly analyses and determinations are carried out and the results will, over the course of years, enable reliable conclusions to be drawn about the average level of atmospheric pollution in the district.

Observations have been made of the chimneys at various industrial premises in the Borough and at buildings where oil-fired boilers have been installed. Two of the latter have discharged oily smuts intermittently, in consequence of which informal action was taken.

(k) Piggeries and Farms.

49 plants in the Borough are licensed under the Diseases of Animals (Waste Foods) Order, 1957, for the processing of pig-swill. This Order requires that all waste food collected for feeding to pigs or poultry must first be boiled or sterilised for at least one hour in a plant licensed by the local authority. 55 inspections have been made of piggeries to check on the adequacy and efficiency of sterilising equipment and to ensure the maintenance of reasonable standards of hygiene at the premises.

18 farms and small-holdings have been visited in order to enforce the parts of the Agriculture (Safety, Health and Welfare Provisions) Act, 1956, which require the provision of suitable and sufficient sanitary conveniences for farm workers.

(1) Public Swimming Baths.

	4	1 61			
Description of Swimming Bath	Capacity	Source of water supply used for filling	Method of treatment	Frequency of changing the water	Bacteriological examinations of water
Pier Approach (Owned by Local Authority)	150,000 galls.	Mains	Continuous filtration and chlorination	Every 2-3 years	Consistently good.
Stokewood Rd. (Ownedby Local Authority)	100,000 galls.	ditto	ditto	Every 3 years	ditto
Linden Hall (Privately owned)	60,000 galls.	ditto	ditto	Yearly	ditto

(m) Paddling Pools and Private Swimming Baths.

Frequent samples for chemical and bacteriological examination have been taken from the three paddling pools used by children during the season and also from two private swimming pools. The results were consistently good. In addition, the Public Health Inspectors made many tests to check the amounts of free chlorine present in the water.

(n) Fertilisers and Feeding Stuffs Act, 1926.

Four informal and six formal samples were sent to the Agricultural Analyst who reported that four of them varied in composition beyond the limits permitted by the Act. These variations were not to the prejudice of the purchaser, however. In one case a statutory declaration given with a fertiliser was incomplete, a matter which was remedied after informal action. Two warnings were issued to vendors for their failure to give the statutory statement required when selling fertilisers.

(o) Merchandise Marks Act, 1926, and Agricultural Products (Grading and Marking) Act, 1928.

No contraventions regarding the labelling of imported foodstuffs were detected during the year.

(p) Pharmacy and Poisons Act, 1933 (Part II).

At the end of the year the names of no less than 249 shopkeepers were recorded in the local authority's list of persons (other than registered pharmacists) who were permitted to sell poisons named in Part II of the Poisons List. This List includes such poisonous substances as weedkillers, insecticides, rodenticides and hair-dyes, also household articles such as ammonia, disinfectants and caustic soda.

236 visits were made to ensure that the requirements of the Act relating to labelling, storage and sale were being observed and that Poisons Books, where necessary, were properly kept. The four contraventions found were remedied.

(q) Shops Act, 1950.

406 inspections were made to enforce the statutory closing hours and to ensure that the working environment of shop assistants was satisfactory. The 64 contraventions of the Act found were remedied after informal action.

During the year 1959, three Orders were made by the Council under the above-named Act, as follows:

- (1) An Order permitting newsagents' shops to open from 8.0 a.m. to 1 p.m. on each Sunday between 17th May and 13th September for the sale of
 - (i) Articles required for bathing and fishing;
 - (ii) Toys, souvenirs and fancy goods;
 - (iii) Books, stationery, photographs, reproductions and post-cards.
- (2) An Order suspending the Bournemouth Weekly Half-holiday Order (Fish Friers) 1943 during the period 18th May until 26th September, both days inclusive.

- (3) An Order permitting retail trade or business to be carried on until 10.0 p.m. at the Ideal Homes and Trades Exhibition held at the Winter Gardens from the 27th April to the 7th May, 1960.
- (4) An Order suspending, during the period 14th to 19th December, both days inclusive, the obligation to close shops in the Borough on a weekly half-holiday.

(r) Young Persons (Employment) Act, 1938.

18 visits were made to enforce this Act, which controls the working hours of young persons employed as junior hotel receptionists, lift boys, bell boys, usherettes, etc.

The one contravention discovered was rectified after informal action.

(s) Prescribed Particulars on the Administration of the Factories Act, 1937.

Part I of the Act.

(1) Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Inspect- ions (3)	Written notices (4)	Occupiers Prosecuted (5)
 (i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority (ii) Factories not included in (i) in which Section 7 is enforced 	161	50	2	
by the Local Authority (iii) Other premises in which Section 7 is enforced by the	614	298	20	
Local Authority (excluding out-workers' premises)		2	1074411	
Total,s	775	350	22	en, and the

(2) Cases in which Defects were found.

	Nu	No. of cases in which prosecu- tions were			
Particulars	Found	Reme- died	То Н.М.	By H.M.	insti- tuted
1 annonuns			Inspetr.		inten
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	5	3			
Overcrowding (S.2.) Unreasonable temperature		_		and a second	
(S.3.)					_
Inadequate ventilation (S.4.)					
Ineffective drainage of					
floors (S.6.)			—		—
Sanitary Conveniences (S.7) (a) Insufficient	4	1		1	
(b) Unsuitable or defective		9		3	
(c) Not separate for sexes	10				
Other offences against the					
Act (not including offences					
relating to Out-work)			10		
Totals	22	13	10	4	

Part VIII of the Act. OUTWORK (Sections 110 and 111)

	S	Section 11	0	Section 111			
Nature of Work	No. of out- workers in August list required by Section	No. of cases of default in sending lists to the Council	No. of prose-cutions for failure to supply lists	No. of instances of work in un-whole-some premises	Notices served	Prose- cutions	
(1)	110 (1) (c) (2)	(3)	(4)	(5)	(6)	(7)	
Wearing apparel (Making etc.)	29			_	_		
Curtains & furniture hangings	8	_	_		_		
TOTALS	37		_				

(t) Legal Proceedings.

The following legal proceedings were taken in 1959:

Proceedings taken under	For	Result
Public Health Act, 1936	Failure to give the local authority information regard-the ownership of a house.	Defendant fined £3
Public Health Act, 1936	Failure to comply with a notice to repair eaves, gutters, etc.	Absolute discharge. Costs £1 1s. 0d.
Public Health Act, 1936	Failure to comply with notice to replace defective water-closet pan.	Defendant ordered to carry out work within 28 days. £1 1s. 0d. costs.
Food and Drugs Act, 1955	Sale of an Easter Egg containing maggots.	Defendant fined £20. Costs £8 8s. 0d.

(u) Public Conveniences.

During the year 1959, a sum of £14,066 7s. 3d. was collected by the Superintendent and his assistant from the 192 public conveniences in the Borough.

This amount was made up as follows:

			£	s.	d.
From coin locks			13,207	0	9
From wash and brush-up rooms		• • •	547	19	10
From paper towel dispensers		• • •	123	14	5
From "Brylcreem" dispensers			13	1	10*
From perfume and hand lotion	dispens	sers	174	10	5*

(*These amounts are a quarter of the total receipts, the balance being paid to the firms operating the machines).

The chief improvements made during the year were:

- (1) The construction, at Honeycomb Chine, of conveniences for both sexes.
- (2) The modernisation of the gent's convenience at King's Park (Ashley Road entrance).
- (3) The provision of washing facilities at a further nine conveniences.
- (4) The laying of tiled floors in the gent's conveniences at Avenue Road Car Park and Boscombe Cliff Gardens and at the ladies' convenience at King's Park (Ashley Road).

Report of the Public Analyst

Arthur S. Carlos, B.Sc., (Lond.), F.R.I.C. For the Year ended the 31st December, 1959

Mr. Mayor, Ladies and Gentlemen,

I have much pleasure in presenting my Seventh Annual Report as Public Analyst and Official Agricultural Analyst to your County Borough.

Food and Drugs Act, 1955.

During the year 290 samples were submitted for analysis under the Act, 151 being taken formally and 139 informally.

The total number of samples found to be adulterated or irregular was 12, five of which were formal samples and seven informal. This represents a percentage adulteration of 4.1, a reduction on last year's figure of 6.9 per cent.

The incidence of adulteration during the past seven years is as follows:—

	1953	1954	1955	1956	1957	1958	1959
No. of samples taken	370	518	482	428	471	418	2900
No. of samples							
adulterated	40	46	26	36	20	29	12
Percentage							
adulteration	10.8	8.9	5.4	8.7	4.2	6.9	4.1

Details of the formal samples taken are given in Table I, of the informal in Table II and the adulterated samples in Tables III and IV.

Milks.

Details of the Milk and Channel Islands Milk samples taken during the year are given in Tables V and VI. It will be seen that the number is greatly reduced from previous years owing to the introduction of the use of the Gerber method of fat estimation by the Public Health Inspectors.

Three samples of Hot Milk were submitted, two of which were found to contain extraneous water.

(Cream.

Three samples of Cream were taken and found to comply with the Cream Standards Order.

(Cream Cakes.

Two samples of Cream Cakes were submitted and in both cases it was found that the filling contained fat other than butter fat.

Butter, Margarine and other Fats.

Three samples of Butter, one of Dripping and three of Margarine were analysed and found to be genuine.

He Cream and Ice Lollies.

One sample of Ice Cream and seven of Dairy Ice Cream were received. One sample of Dairy Ice Cream contained an excess of lead and one contained no butter fat and could not therefore be described as "Dairy" Ice Cream. The six samples of Ice Lollie submitted were all found to be genuine.

Sausages.

Eight samples of sausages were submitted, one of Pork Sausages being below the standard of 65 per cent. meat, and one sample described as "Beef Sausages" was found to consist of Pork Sausages. The remaining samples, and one of Luncheon Sausage were genuine.

Lentils.

Four samples of Lentils were examined and one was found to be contaminated with mouse excreta.

Bread and Butter.

Three samples of Bread and Butter were submitted, two of them proving to be genuine while the third was found to have been prepared with margarine mixed with 7.3 per cent. of Butter.

Pork Pies.

Six samples of Pork Pie were found to be genuine and to contain reasonable proportions of meat filling.

Tea.

Four samples of tea were examined and one described as Persian | tea was found to contain an excess of siliceous matter.

Soft Drinks, etc.

Four samples of Fruit Drink, two of Fruit Juice, four glucose drinks and four fruit squashes were examined under the Soft Drinks. Order and found to be satisfactory and free from an excess of metallic contamination and preservatives. Three samples of Lemonade Powder and one of Orangeade powder were also examined and found to be satisfactory.

Tinned Goods.

A number of samples of tinned goods were examined consisting of :—

Ale 2; Peas 3; Rhubarb 3; Soup 4.

All were found to be in good condition and free from an excess of metallic contamination.

Various other samples of food were found to be satisfactory.

Drugs.

35 samples of various drugs were submitted and all but one: found to comply with the standards required under the Food and in Drugs Act.

Special Samples.

18 samples were submitted for special analysis during the year and are listed in Table VII. Six consisted of samples of bread containing foreign matter; in one case graphite was detected and in another the bristle of a brush. In two samples the bread was

ontaminated with burnt crust from other loaves, one with dough rom a wholemeal loaf and another with mineral grease.

Three samples of stream water were found to be very heavily olluted and detrimental to fish and to any cattle which might have coess to the streams.

Vater Supplies.

The monthly sampling of waters from the two public sources of upply has continued throughout the year and the results found to e satisfactory.

ertilisers and Feeding Stuffs.

Nine samples of fertiliser and one of feeding stuffs were xamined and in all cases the composition was satisfactory or the ariation was not to the prejudice of the purchaser.

wimming Bath Waters.

Regular sampling of the waters from the Pier Approach, tokewood Road and Linden Hall Baths was carried out during the ear and a careful check kept on the degree of purity and hlorination.

stream Waters.

Monthly samples of the Bourne Stream continued to be taken the Borough Boundary and Lower Pleasure Gardens, the majority f them being in an unsatisfactory condition. Samples of the ffluents being discharged into the stream during its progress hrough the Borough were also taken, some of which contained a ligh amount of mineral matter, chiefly iron rust, which might ause discoloration of the bed of the stream.

TABLE I.

151 Formal Samples.

		rd		ヤ	o n
		Total Examined	ine	Adulterated	Percentage adulteration
Nature of sample		Total	Genuine	rere	ent
1)xa	Ge	TEI TEI	erc
		щ		Ad	P
Almonds, ground	• • • • • • • • • • • • • • • • • • • •	3	3	-	_
	• • • • • • • • • • • • • • • • • • • •	2	2	-	
	• • • • • • •	3	2	1	33.3
	• • • • • • • • • • • • • • • • • • • •	3	3		
Christmas Pudding		3	3		
	• • • • • •	3	3		_
•	• • • • • • • •	1	1		
	• • • • • • • • • • • • • • • • • • • •	3	3		_
		3	3		
O	• • • • • • •	1	1	-	
		1	1		
		1	1		
Flour, wholemeal	• • •	1	1		_
Fruit, dried	• • • • • • •	6	6		_
Fruit Drinks		3	3	_	-
Fruit Juice	• • • • • • • • • • • • • • • • • • • •	2	2		
Golden Raising Powder	• • • • • • •	1	1	_	
Uomow	• • • • • • • • • • • • • • • • • • • •	3	3		
Ice Lollie		3	3		
Jelly, Cranberry	• • • • • • • • • • • • • • • • • • • •	1	1		
Lemon Curd	• • • • • • • • • • • • • • • • • • • •	3	3	-	
Lemonade Powder	• • • • • • • • • • • • • • • • • • • •	3	3		
	• • •	3	3		
•	• • • • • • • • • • • • • • • • • • • •	3	3	_	
Meat Products	• • • • • • • • • • • • • • • • • • • •	2	2	_	
Milk Milk, Channel Islands	• • • • • • • • • • • • • • • • • • • •	7	7		
3 C 11 1. A.	• • •	11 3	11		
Orangeade Powder	• • • • • • •	1	1	2	66.6
Peanut Butter	• • • • • • • • • • • • • • • • • • • •	2	$\overset{1}{2}$		
Pork Pie	• • • • • • • • • • • • • • • • • • • •	6	6		
Rhubarb, tinned	• • • • • • • • • • • • • • • • • • • •	3	3		
Sago	•••	3	3		
Sauce	• • • • • • • • • • • • • • • • • • • •	2	2		
Sausage, luncheon		1	1	_	
Soup, tinned		4	4	-	_
Sponge mixture		2	2	-	-
Spirits:					
Gin	• • • • • • • •	3	3		
Rum	• • • • • • • • • • • • • • • • • • • •	3	3	-	- (
Whisky	• • •	3	3		- (
Sherry Crange Sar	····	3	3 1	_	_
Soft Drinks: Orange Squ Stout		3	3		
Stout Suet, shredded	• • • • • • •	3	3	-	-
Tapioca	• • • • • • • • • • • • • • • • • • • •	3	3		
Tea	• • • • • • • • • • • • • • • • • • • •	4	3	1	25
Wine, tonic	• • • • • • • • • • • • • • • • • • • •	3	3		

TABLE I—continued

Nature of sample		Total Examined	Genuine	Adulterated	Percentage Adulteration
DRUGS.					
Camphorated Oil	 • • •	3	3	-	
Citric Acid	 • • •	2	2		_
Indigestion Tablets	 	3	3	-	
Nerve Tonic	 • • •	3	3	-dividance	-devianes-
Rose Hip Syrup	 	3	3		_
Rose Hip Syrup Salicylic Acid Ointment	 	2	1	1	50

TABLE II.

139 Informal Samples.

Nature of Sample	Total Examined	Genuine	Adulterated	Percentage adulteration
Ale, tinned	2	2	-	
Beef mince	3	3	-	_
Bread, Procea	4	4	-	
Bread rusk	1	1		
Cake and Pudding Mix	3	3		-
Cashew Nuts	5	5		
Chocolate Dates	1	1	-	-
Coconut, desiccated	1	1	_	
Cream	3	3		
Cream Cakes	2	_	2	100
Dripping	1	1	_	_
Duck Paste	1	1		-
Flour, Self Raising	2	2	-	
Frying Fat	2	2	-	
Glucose Drinks	4	4		
Ice Cream	1	1	-	
Ice Cream, dairy	7	5	2	29
Ice Lollie	3	3	-	-
Jam	3	3	-	
Lentils	4	3	1	25
Macaroni	2	2 2	-	
Marzipan	2	2	despine	-
Milk	8	8		-
Milk, Channel Islands	4	4	*****	
Milk, condensed	4	4	-	
Olives, stuffed	1	1	-	Aprellant-
Onions, cocktail	1	1	Magazin	
Oranges	4	4	-	_
Peas, tinned	3	3	_	numpuses.
Pepper	3	3		numpum.
Pickles	4	4	Mitorial Printers.	-divisions.
Prunes, dried	3	3	depart	
Salt, table	2	2	_	-

TABLE II—continued

Nature of sample			Total Examined	Genuine	Adulterated	Percentage
Sausages, cocktail Sausages, beef Sausages, pork Sausage Casings Sausage Seasoning	• • •	•••	1 4 2 1	1 3 1 1	1 1	25 50
Semolina Soft Drinks: Lemon Squash Orange Drink	• • •	• • •	1 1	1 1 1		
Orange Squash Steakettes, meat Sugar Confectionery Vinegar, cider	• • •	• • •	2 2 4 1	2 2 4 1		
Vinegar, malt Vinegar, wine DRUGS.	• • •	• • •	1	4		
Ferramyn Tablets Foot Ointment Foot Powder Liquorice Powder Paraffin, liquid Peroxide of Hydrogen Travel Sickness Tablets	•••	•••	1 3 1 3 4 4 3	3 1 3 4 4 3		

TABLE III.

Adulterated Formal Samples.

Sam	ple	
No	. Nature	Adulteration or Irregularity
251	Bread and Butter	 Fat consisted of 7.3% Butter, 92.79
		Margarine.
881	Hot Milk	 Contained 9.7% extraneous water.
883	Hot Milk	Contained 3.2% extraneous water.
885		35% deficient in salicylic acid.
7	Persian Tea	Contained excess of siliceous matter.

TABLE IV.

Adulterated Informal Samples.

Samp	le		
No.	Nature		Adulteration or Irregularity
J.5	Lentils	 • • •	Contained mouse excreta.
E.36	Sausages, pork	 	4.2% deficient in meat.
H.3	Cream Ice	 	0.4 p.p.m. excess of lead.
J.15	Beef Sausages	 	
E.44	Cream Bun	 • • •	Filling contained fat other than Butte
			Fat.
E.46	Cream Puff	 	Filling contained fat other than Butte
			Fat.
H.5	Dairy Ice Cream		Contained no Butter Fat.

TABLE V.

Milk other than Channel Islands.

Average percentage of Fat and Solids not fat.

Quarter	No. of Samples	Percentage Fat	Percentage solids not fat
1	11	3.84	9.09
2	e-Mille-Markey	_	- Constitution of the Cons
3	2	3.37	8.94
4	2	3.68	8.80
		American State Committee C	
For whole period	15	3.76	9.03

TABLE VI.

Channel Islands Milk.

Average percentage of Fat and Solids not Fat.

) Quarter	No. of Samples	Percentage Fat	Percentage solids not fat
1	14	4.33	9.25
2		*****	
3	_		
4	1	4.45	9.24
or whole period	15	4.34	9.25

TABLE VII.

Special Samples.

No.	Nature	Reported
_	Tobacco Dust	Possibly contained cocaine.
1.1 (S)		
3.1 (S)	White Bread	Foreign matter consisted of graphite.
3.1 (S)	Loaf of White Bread	Contained dough from wholemeal flour.
1.1 (S)	Self Raising Flour	Unfit for human consumption—insect infestation.
3.2 (S)	Slice of white Bread	Foreign body consisted of bristle of brush.
3.2 (S)	Bread	Foreign matter consisted of burnt crust from another loaf.
7.1 (S)	Margarine	Genuine Margarine.
\$.1 (S)	Deposit from concrete	0
	paths	Derived from Oil Burner.
3.3 (S)	Brown Bread	Foreign matter consisted of burnt crust.
3.1 (S)	Salmon	The state of the s
.2 (S)	Deciquam	Satisfactory when used correctly.
3.4 (S)	Bread	Foreign matter consisted of mineral
		grease.
).1 (S)	Sausage Roll	Mould present.

TABLE VII—continued

Sample		
No.	Nature	Reported
G.2(S)	Bread	Odour and taste normal.
` '	Stream Water, Boundary	Oils fat and odour objectionable and
		would prevent cattle from drinking
		strong trade effluent being discharged
	Stream Water, Turbary	3
	Corner N	Heavily polluted—detrimental to fish.
	Stream Water, Turbary	
	Corner S	Heavily polluted—detrimental to fish.
· · ·	Stream Water, Boundary Stream Water, Turbary Corner N Stream Water, Turbary	Oils fat and odour objectionable and would prevent cattle from drinking-strong trade effluent being discharged. Heavily polluted—detrimental to fish.



COUNTY BOROUGH OF BOURNEMOUTH

EDUCATION COMMITTEE

Annual Report

of the

Principal
School Medical Officer

Year 1959

TERMINE LE MANIEL LE MARIE ty* _ _ _

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my sixth Annual Report as Principal School Medical Officer to the Education Committee, the fifty-second of a series dealing with the health of children attending your schools.

The opinion of the School Medical Officers that the health of the schoolchildren is being maintained is borne out by reference to the statistics included in the Report. Only one in every five hundred children examined were found to be "unsatisfactory" with reference to their general physique, a testimony to the benefits provided by the Welfare State, and to the high standard of living now enjoyed by the majority of the population.

With the exception of measles and scarlet fever, infectious disease has been low among the school population, and it is noteworthy that those diseases capable of prevention by vaccination were almost non-existent, nine cases of whooping cough being the sole cases recorded in this group.

The number of handicapped children has remained almost stationary, but their problems have become more difficult of solution as places in special schools became less easily found. The Day School for Educationally Subnormal Children, and the Day Unit for Maladjusted Children, both of which should be functioning within the next twelve months, should make a great difference to the local problem, but there remain small, isolated, groups of children suffering from the rarer types of disability whose problems appear almost insurmountable.

Staff shortages have led to an accumulation of work and increased waiting lists in both the School Dental Service and the Child Guidance Service, and there seems little prospect of any immediate improvement, as there is a national shortage of professional workers in these services.

My Annual Report includes reports from Dr. W. H. Whiles, Consultant Children's Psychiatrist to the Wessex Regional Hospital Board, and Mr. A. A. Wood, Principal School Dental Officer.

Once again, I wish to thank you, Mr. Chairman, the members of your Committee, and your Chief Education Officer for your interest and co-operation during the year, and my own staff for their loyal help at all times.

I am,

Yours faithfully,

WILLIAM FIELDING.

SCHOOL HEALTH SERVICE STAFF.

(As at 31st December, 1959).

Principal School Medical Officer: WILLIAM FIELDING, M.D., B.SC., D.P.H.

Deputy Principal School Medical Officer: E. W. WRIGHT, M.B., Ch.B., D.P.H.

School Medical Officers:

CHARLES J. SANDERSON, M.R.C.S., L.R.C.P., D.P.H.
FRANZ A. HEIMANN, L.R.C.P., L.R.C.S., L.R.F.P.S., M.D.(Breslau)
PAULINE K. KEATING, L.R.C.S.(I), L.R.C.P.(I), L.M., D.C.H.

Principal School Dental Officer: A. A. WOOD, L.D.S., R.C.S.

School Dental Officers:

H. S. Hooper, B.D.S., L.D.S., R.C.S.

F. E. LOCKWOOD, B.D.S. (Univ. L'pool)

M. B. Redfern, L.D.S. (Part-time)

P. L. ERRIDGE, L.D.S. (Part-time)

Dental Attendants:

H. ALLEN, D. M. COX, F. R. HICKMOTT, B. M. READ

*W. H. WHILES, M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist:

B. WORTHINGTON FOXLEY, B.SC.(Hons.), P.G.A.D.P.

Psychiatric Social Worker:

J. HIGGINS

Ophthalmic Surgeons (Part-time):

*J. Whitwell, M.B., M.S.(Lon.), D.O., F.R.C.S.

*E. R. Bowes, M.D., B.S., D.O.M.S.

Orthoptist (Part-time):

*A. P. FIELD, D.B.O.

^{*} Employed by the Wessex Regional Hospital Board,

Orthopaedic Surgeons (Part-time)

* Services provided by Surgeons from the Royal Victoria Hospital, Boscombe.

* Physiotherapist-in-charge: E. O. JOSEPH, M.C.S.P.

* Assistant Physiotherapists:

L. BARNETT, M.C.S.P.

M. HUGHES, M.C.S.P.

Speech Therapist:

V. ABELSON

Superintendent Health Visitor and School Nurse: E. M. LEAHY

Health Visitors and School Nurses:

M. J. Grosvenor
A. Johnson
B. LEADBITTER
G. M. Lunn
M. PEAKMAN
G. N. SUCKAMORE
M. TRATSART
B. Turner
E. TURNER
J. WILKINSON

Clerk in charge of School Health Service Section: F. J. GOODE

Clerks:

E. G. PAYNE, J. W. PEAKE, B. TARRANT B. HEWITT (Child Guidance Centre)

SCHOOLS AND SCHOLARS

Number of Primary Schools		 33
Number of Secondary Modern Schools		 11
Number of Secondary Grammar Schools		 2
Average attendance		 15,296
Average number on School Registers	* * *	 16,624

MEDICAL INSPECTION

During 1959, the form of medical inspection has continued to be the routine examination of entrants and leavers in the traditional pattern, with the almost complete replacement of the intermediate examination by a survey developed by my colleague, Dr. E. W. Wright, in collaboration with the school teaching staffs and the parents of the children concerned.

It is early days to say just how effective this survey will turn out to be, but parents have certainly been most co-operative in completing the lengthy questionnaire and, as in the past, the routine intermediate examination has proved the least fruitful of the three routine examinations, the policy of concentrating attention on a selected group thought or known to be ailing, would seem to be the right one.

In addition to these changes in the old order of routine inspections, particular attention was paid to vision, colour vision, and hearing surveys.

A TABLE SHOWING THE NUMBER AND NATURE OF THE DEFECTS FOUND DURING EXAMINATION OF CHILDREN IN THE PRESCRIBED AGE-GROUPS AND OF OTHERS "PERIODICALLY INSPECTED".

		1							
DEF	ECTS	1,0	Observation	19	dren d 10 95 Obser- vation	Age	dren d 14 72 Obser- vation	Inspe	ii
Skin	•••	. 10	11		2	11	49	22	24
Eyes:— (a) Vision (b) Squint (c) Other		. 26	$\frac{2}{1}$	28 - 5	<u> </u>	92 7 4	$\frac{12}{10}$	176 20 16	7 -4
Ears:— (a) Hearing (b) Otitis Med (c) Other	 lia		1 _	2	1	8 9 3	8 -1	6 1 2	6 - 1
Nose or Throat	• • • • • •	. 26	78	4	2	6	17	36	58
Speech	• • • • • • • • • • • • • • • • • • • •	. 14	4		1	1	1	10	11
Glands	• • • • • •	. 1	12		1		2	_	5
Heart	• • • • • •	. 4	6	1	2	1	3	4	6
Lungs	• • • • • •	. 3	4			1	8	6	7
Developmental (a) Hernia (b) Other	: 	1 0	1 2	<u> </u>	1	1	2	6 3	9
Orthopaedic:— (a) Posture (b) Feet (c) Other	• • • • •	. 5 20 5	1 3 7	4 6 1	$\frac{1}{1}$	36 10 16	11 1 29	34 31 15	13 11 7
Nervous System (a) Epilepsy (b) Other	• • •		1			2 _	<u></u>		1
Psychological :- (a) Developm (b) Stability	ent .		1 1	1 —		1	8 3	2	2 3
Abdomen	• • • •	—	_						-
Other	•••	1	1	1		_		_	_
		14,4	137	54	13	210	166	391	175

FINDINGS ON MEDICAL INSPECTION

(a) Uncleanliness.

Cases of personal uncleanliness fell from 62 cases in 1958 to 46 cases in 1959. Many of these cases were comparatively minor infringements of the code of hygiene, but there unfortunately remain a number of families whose every member seems to be a persistent and unashamed offender. Many hours of teachers' and school nurses' time are spent in trying to improve the standards of these families, but the conclusion is reluctantly reached that they are completely immune to health education and almost, if not completely, beyond redemption.

(b) General Condition.

The general physical condition of children seen at routine medical inspections remained remarkably high, only 9 out of 4,027 children examined being classified as "unsatisfactory" (0.2 per cent).

(c) Minor Ailments.

During the year 417 children were seen at the Minor Ailments Clinics, mainly for very trivial conditions. Among them were 2 cases of ringworm of the scalp and 1 case of ringworm of the body, but there were no cases of scabies.

(d) Defective Vision.

5.4 per cent. of children examined at routine inspections were found to have defective vision, and these children were referred, at the parents' choice, either to private ophthalmic opticians, or to the Children's Eye Clinics at Pokesdown, Avebury, or East Howe. New cases at the Eye Clinics totalled 311 and spectacles were prescribed in 185 cases. 56 new cases were also seen at the Orthoptic Clinic and made a total of 845 attendances.

Ten cases of "squint" received operative treatment compared with 20 cases in 1958, and it is a regrettable fact that in many cases

treatment has been delayed too long and the operation while giving a satisfactory cosmetic result, cannot restore vision to the eye.

(e) Defects of the Nose and Throat.

During the year 310 children had treatment for enlarged tonsils and adenoids, compared with 295 in 1958.

(f) Treatment of Children in Hospital.

The following information is given from hospital discharge reports received during the year:—

		No. of
	Group of Diseases	Children
1.	Infections or Parasitic Diseases	39
2.	1	6
	\ / 8	-
3.	Allergic, Endocrine, Metabolic and Nutritional .	4 7
4.	Diseases of blood and blood forming organs	7
5.		
6.		59*
7.	J 1 J 1	2
8.		329†
9.		114
10.		20
11.	Skin and Cellular Tissues	7
12.		263
13.	Accidents, Poisoning and Violence	138
	*Includes 10 operations for "squint".	

^{*}Includes 10 operations for "squint". †Includes 310 cases for tonsillectomy.

MINOR AILMENTS CLINICS

As recorded on previous occasions, these Clinics show a gradually declining use as the years go by, but particularly when they are located on school premises they give the doctor or nurse an opportunity of discussing children and their problems with the Head teacher on the spot, and in this way retain some of their former value.

During the year a total of 2,225 attendances were made at Minor Ailments Clinics.

LIST OF CLINICS HELD FOR SCHOOL CHILDREN

	MONTH OF	TI V CLUSCIII	TAY CHOCKET	THE ACT OF STREET	TY A CIT CIT
	MONDAY	LUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Minor Allments Clinics.					
East Howe: Hadow Road	MORNING	1		-	MORNING
Charminster: East Way	AFTERNOON	Chapter Chapte	1	MORNING	
Kinson: C.P. School, Poole Lane	1			MORNING	With right
West Howe: At South Kinson C.P.					
Infants' School, Mount Road	MORNING			MORNING	Administration of
Dental Clinics.					
Central: 10, Madeira Road	MORNING AND	MORNING AND	MORNING AND	MORNING AND	MORNING AND
	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON
East Howe: Hadow Road	Do.	Do.	Do.	Do.	Do.
Pokesdown: 896, Christchurch Road	Do.	Do.	Do.	Do.	Do.
Winton: 19, Cranmer Road	Do.	MORNING	Do.	Do.	MORNING
Eye Clinics.					
Central: 10, Madeira Road	AFTERNOON				MORNING
Pokesdown: 896, Christchurch Road				MORNING	
East Howe: Hadow Road			MORNING	delining or	tam easy
Child Guidance Centre. 896, Christchurch Road, Pokesdown	MORNING AND	MORNING AND	Morning,	MORNING AND	MORNING AND
	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON
			AND LYVENING	The second secon	

Children's Orthopaedic Clinic, {Surgeon's sessions—Friday Mornings 70, Stewart Road {Physiotherapy—daily by appointment.

ORTHOPAEDICS

There has been no variation in the arrangements for children with orthopaedic defects receiving specialist advice and treatmen at the Stewart Road Clinic. Appointments can be arranged within a few days, and physiotherapy is available at the Clinic.

Children requiring operative treatment are admitted either to the Royal Victoria Hospital or the Lord Mayor Treloar Hospital Alton.

During the year 7,526 attendances were recorded, 5,872 for individual treatments and 1,654 for class treatments. 301 new patients were treated.

26 children were received as in-patients at the Lord Mayo Treloar Orthopaedic Hospital and 19 others at the Royal Victoria Hospital, Boscombe.

Details of attendances for the	past y	ear are	as follo	ws:—	
Number of scholars seen by the st	ırgeons	5		• • •	556
Number of new cases			• • •		185
Total number of attendances					977
Number of cases discharged		• • •			230
Defects found.					
Genu Valgum/Genu Varum and o	ther ki	nee defe	ects		130
Spastic conditions	• • •		• • •		10
Due to Anterior Poliomyelitis			• • •		;
Spinal Curvature and Poor Postu	re				38
Congenital dislocation of the hip	and oth	her hip	condit	ions	•
Deformities of the foot	• • •				312
Torticollis		• • •	• • •	• • •	4.
Spina bifida			• • •		1
Other conditions	• • •			• • •	58

SPEECH THERAPY

Children undergoing speech therapy totalled 137, and 38 cases were discharged from the treatment register during the year.

TUBERCULIN TESTING AND B.C.G. VACCINATION

Tuberculin testing of school entrants was continued during 1959, and of 1,372 children tested, 8 previously unknown positive eactors were discovered, who were investigated further at the Chest Clinic.

B.C.G. vaccination was offered to children born in 1945 and 1946 and coming within the Ministry Scheme, with the following esults:—

Children born in 1945—		
Tuberculin tested		 793
Positive (12.4%)		 99
Vaccinated		 694
Children born in 1946—		
Tuberculin tested		 1185
Positive (11.7%)		 139
Vaccinated	• • •	 1017

CHILD GUIDANCE

The general arrangements for providing a Child Guidance Service have remained unchanged during the year, but the coninuing high rate of referrals has severely strained the resources of he Clinic. As Dr. Whiles mentions in his report, the long waiting ists for investigation and treatment can only be reduced by ncreased psychiatric help, and although the Wessex Regional Iospital Board has accepted the need to provide 8 Consultant essions in place of the present 4 sessions, nothing has yet emerged a practice from the protracted correspondence with the Board.

Following discussions between the Education Committee, Head 'eachers, School Medical Officers and the Child Guidance Staff, it was agreed that steps should be taken to extend preventive work mong schoolchildren by the appointment of a second educational sychologist, and the inauguration of a School Psychological ervice. At the same time plans were made for the provision of a mall Day Unit for Maladjusted Children in premises adjoining the 'hild Guidance Centre.

Although it is not anticipated that these steps will entirely void the necessity for sending a certain number of children to

residential special schools, the experience of other education authorities has shown the value of such measures not only in the prevention of more serious emotional disturbances in childhood, but also as an adjunct to the treatment services provided at the Centre.

CHILD GUIDANCE CENTRE

During the year a special effort has been made to reduce the number of children awaiting investigation. This is now half of what it was at the end of last year. It still means that it is likely to be at least two months before full psychiatric diagnosis is completed. The treatment waiting list also remains high and there are children on the treatment waiting list who have been waiting for six months. In addition to this there are a considerable number of children who are being kept going by superficial supporting help, who would really benefit by more intensive psythotherapy if it were available. It will not be possible to improve on this position until extra consultant psychiatric sessions are available. When these are provided by the Regional Hospital Board it will be necessary for there to be additional psychiatric social worker sessions so that the best possible use can be made of diagnostic and treatment time. The full volume of work done at the Clinic is revealed by the total number of children seen during the year, which is five hundred and twenty-eight. This is slightly less than last year but considerably higher than any other year.

The standard of referrals has remained high so that very few children can be dealt with on a level of diagnosis and advice only. Of the new cases on whom investigation is completed, sixty-five percent. needed some form of treatment and thirty-four percent. needed intensive psythotherapy.

All children who are residentially placed as maladjusted children are seen during the holidays and the psychiatric social worker keeps in touch with the parents of these children. Regular reports are sent to the schools concerned. When children who have been placed in this way leave school, the whole case is reviewed and a decision made as to whether they should continue under child

guidance review, or whether they should come under the supervision of the community care services.

Regular fortnightly case conferences are now being held with the Children's Department and similar fortnightly conferences are held with the Probation Officers. In this way closer co-operation is possible and overlap is prevented. Once again we have been encouraged by the close co-operation we have received from School Medical Officers, General Practitioners, Health Visitors, Children's Officer, Probation Officers, and others.

W. H. WHILES,

Consultant Children's Psychiatrist.

ANNUAL RETURNS FOR YEAR ENDING 31st DECEMBER, 1959.

Total new cases referred								117
Total new cases seen								102
Total cases uneventuate	d							20
Total cases closed								104
Total cases re-opened								12
Total open cases on 31.1	2.59							317
Total cases awaiting pre	liminar	y inves	stigatio	n on 31	1.12.59			18
Total cases awaiting psy	chiatri	c inves	tigation	1 on 31	.12.59			21
Total number of children	n seen (during	year 19	959				528
Source of Referrals								
School Medical Officer					• • •	• • •		20
General Practitioners				• • •				50
Children's Officer		• • •		• • •	• • •			3
Head Teachers	• • •							12
Probation Officers								6
Parents	• • •							19
Other Agencies			• • •					7
3							•••	-
								117
Age Groups of Referrals								
Pre-school								0
Primary school		• • •	• • •	• • •	• • •	• • •	• • •	8
Secondary Modern school		• • •	• • •		• • •	• • •		67
Grammar school		• • •	• • •	* * *	• • •	• • •	• • •	34
oranginal School	• • •	• • •	• • •	• • •	• • •		• • •	8
								1.1.7
								117

Reasons for Refer	rrals								
Behaviour difficu	lties .								89
Educational prob	olems .								6
Nervous sympton									3
Psychosomatic sy	ymptoms								11
Speech problems									8
									117
Summary of Reco	ommendat	tions	on new	cases	investie	ated (i	nc. re-o	bened)	
						(1		70.000	30
Diagnosis and ad			···						32
Periodic survey of Treatment by Ps					Peychol	orist			35
Still under invest							• • •		13
Residential treat	_								4
		302200	7 01 110	op.va.	44 / 1500		• • •	• • •	
									114
Children under tr	coatmont	+ 31	19 59						
			12.00						0.7
Treatment by Ps	•		• • •					• • •	27
Treatment by Ps									23
Treatment Waiti					• • •				20
Periodic survey							• • •		84 160
Open but no acti					• • •	• • •			3
Awaiting residen	tiai piace	шеп	ι	• • •		• • •		• • •	
									317
Closures									
Advice only									40
Satisfactory adju	istment a	fter	treatme	ent					8
Improved									40
Transferred to of	_	cies							1
Unco-operative		• •	• • •	• • •					13 2
No change		• •							4
									104
									104
Total Interviews	Psychi	atrist							
Diagnostic with	children								100
Parents and other									115
Psychotherapy									488
Survey								* * *	147
									050
									850
Total Interviews	Educat	tional	Psych	ologis	t				
Diagnostic with									154
Parents and other									68
Treatment			• • •						614
Survey									129
School visits									105
Home Visits									2
									1,072

Total Interviews—Psychiatric Social Worker

Diagnostic with pa	arei	its			• • •			 176
arents attending	for	treatme	nt wit	h child:	ren			 752
arents attending	on	their ow	n for:	regular	treatm	ent hel	lp	 276
farents attending	for	survey						 254
ther interviews								 61
7 7 7 1								140
6								
•								1,659

IMMUNISATION AGAINST INFECTIOUS DISEASES

The active steps taken by the Ministry to make poliomyelitis accine freely available to a widening age range, and the extensive ublicity this disease has received of recent years, has tended to ivert the energies of immunisation departments away from other ifectious diseases, equally important as killing or crippling diseases nd equally controllable by preventive inoculations.

Certainly the fact that over 85 per cent. of children under 5 years of age are protected against poliomyelitis is very satisactory, but the diphtheria index again showed a reduction from 3.25 per cent. to 38.3 per cent.

During the year, 1,711 schoolchildren received B.C.G. vacciation under the Ministry's scheme.

NOTIFICATIONS OF INFECTIOUS DISEASES

The following relate to school children:—

39
33
9
8
2
2

883

There were also 3 notifications of respiratory tuberculosis.

FOLLOWING UP

Most valuable work is done by the school nurses in the general follow-up of children found to have defects or who have recently been ill. By home visits the nurse is able to give helpful advice to the parent and can satisfy herself that treatment has been sought from the general practitioner and his advice carried out.

The School Nurses recorded the following reasons for home visits:—

				No.
Eye Defects		• • •	• • •	124
Ear, Nose and Th	roat c	onditio	ns	26
Skin complaints				31
Uncleanliness	• • •			46
Tuberculin Testin	g			16
Miscellaneous				314
				557

Exclusion from School

Scholars were excluded from school during 1959 for the following reasons:—

Uncleanliness	• • •	 • • •	8
Eye conditions	(Post-op.)	• • •	7
Miscellaneous	• • •	 • • •	7
			_
			22

Open Air Education

During the year 5 boys and 6 girls were sent to residential open-air schools, compared with 6 boys and 2 girls in the previous year.

Most of these children were suffering from general or nervous debility, sometimes complicated by asthma, and a few terms at an open-air school were often sufficient to enable them to return to an ordinary school.

SCHOOL MEALS SERVICE

31 Centres are provided for the provision of meals and the number of children attending on an average day in September was 7,627 out of 15,468 children attending school that day. On the same day, 12,171 children received milk in school (one-third pint each).

STAFF EXAMINATIONS

65 school teachers were examined by the medical staff, as a condition of appointment, also 56 applicants for entry to Training Colleges. In addition, 18 students were examined on completion of their course at the Bournemouth Municipal College of Art.

EMPLOYMENT OF SCHOOL CHILDREN

A total of 656 children aged 13 or more who wished to be employed outside school hours were medically examined by the School Medical Officers. All except two were found fit for the purpose. The occupations proposed were:—

Errand boys			 41
News boys	• • •		 414
News girls		• • •	 122
Shop assistants			 65
Other			 12

Il other children were granted medical certificates as being fit to take part in public entertainment.

HANDICAPPED CHILDREN

The number of handicapped children on the Register remained practically constant, a total of 382 children (2.3 per cent. of the average number on the school registers) being placed in this category compared with 384 in 1958.

In order of frequency, the disabilities were as follows:—

Educationally s	subnor	mal	140
Defective speed	h		99
Maladjusted	• • •	• • •	36
Partially deaf			33
Physically hand	dicappe	ed	31
Delicate			19
Epileptic			9
Partially blind		• • •	6
Blind		• • •	5
Deaf			4

382

As far as possible, handicapped children attend ordinary schools, and this is by far the best arrangement. Some types of disability, including blindness, deafness, some cases of educational subnormality and maladjustment, need special educational facilities, usually in a residential school, and increasing difficulty has been experienced in placing children in special boarding schools. This has been particularly so in the case of maladjusted children, and the waiting time for admission, often many months, can only have an adverse effect on a child whose home conditions are far from satisfactory. There is the further problem that failure to provide an early vacancy often forfeits the parents' co-operation and when a place is eventually found both child and parents are antagonistic to the arrangement, and regard the move as a punishment rather than a measure of education and rehabilitation in which no expense has been spared by the Education Authority.

HANDICAPPED PUPILS

			Ascerta	Ascertainment		Special	Special Schools*	
			New Cases Ascertained During 1959	Number on Register, 31.12.59	Number Recommended During the Year for Admission	Number Admitted During the Year	Number Attending 22.1.60	Number Awaiting Placement 22.1.60
	•	:	1	5	1		5	
•	•	•		9	1	_	S	and the state of t
•	•	•		ঝ	energia.	1	7	-
•	•	•	∞	33	1		9	
	•	•	10	19	∞	7	∞	2
	:	•	%	31	က	တ	14	2
	•	•	22	140	24	20	53	\price \p
	•	•	18	36	12	4	13	7
:	•	•	1	6				1
	•	•	61	66	1		-	1
			127	382	47	35	110	19

* Includes boarding houses or hostels: excludes Hospital Schools.

Number of Handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1941 17 Number of children reported during the year under Section 57 (3) of the Education Act, 1944

,, (5) ,,

Annual Report

on the School Dental Service-1959.

General Observations

During the year 1959 the Bournemouth School Dental Service was adversely affected by the general shortage of school dental officers throughout the country.

Although the establishment was four, we were unable to appoint a successor to Mr. W. J. Mackillop, who left at the end of November, 1958. Consequently there were only three full-time dental officers employed throughout the year.

Fortunately we were able to obtain the services of two dental surgeons working on a part-time basis. These were Mrs. M. B. Redfern and Mr. P. L. Erridge, who commenced duties on the 9th of March and the 7th of July respectively and worked approximately five elevenths and three elevenths of whole time at the Winton Clinic.

It was a matter for regret that owing to this staff shortage and if the absence from duty of Mr. Lockwood and myself for several weeks due to illness, five of the schools did not receive a visit by the dentists for inspections, these being deferred until early in the present year.

Again an increasing number of parents elected to have their children treated by private dentists usually under the General Dental Service. In the year 1959 approximately forty per cent. of the children inspected were having dental supervision and treatment: by their private dentists.

Nevertheless there was still a heavy demand for treatment at our clinics and it is pleasing to find that as the years pass one sees a decreasing number of neglected mouths.

Dental Health Education

This very important matter was given due attention throughout the year bearing in mind the great influence that oral hygiene and simple dietetic measures have in reducing the incidence of dental disease in children and parents. Films, film strips, leaflets, posters and talks were all utilized in the dissemination of knowledge concerning dental health.

Orthodontic Treatment

Details of the orthodontic treatment provided by the school lental officers are given in the statistical part of this report.

Mr. J. D. Hooper, the Orthodontic Consultant at the Royal Victoria Hospital, Boscombe, afforded most valuable aid by underaking the diagnosis and treatment of the more complex cases.

Fifty-six children were referred to Mr. Hooper for his opinion and sixty-six children were referred for diagnosis and treatment.

Mr. Hooper was always very willing to give us the benefit of nis expert knowledge.

Do-operation of Teachers

I am pleased to record my appreciation of the very high standard of friendly co-operation afforded by Headmasters, Headmistresses, and Teachers, who were always ready to do all they could to further our efforts in caring for the dental health of their oupils.

Annual Meeting of the British Dental Association

I much appreciated the privilege of attending the Annual Conference of the British Dental Association at Torquay during May, when I was present at many interesting and instructive lemonstrations, lectures and discussions.

Oo-operation of Boscombe Hospital Staff

I would like to take this opportunity to thank the dental surgeons on the staff of the Royal Victoria Hospital, Boscombe, for the valuable help they gave during the year.

Staff Changes

Miss N. Woods, the dental surgery assistant, was transferred to do office work at the Health Department. Miss Woods was succeeded at the Winton Clinic by Miss F. R. Hickmott, who commenced duties on the 25th of May after having had considerable experience of the work when she was employed in a similar capacity by the Devon County Council for six years previously.

Medical Inspection Returns

Year Ended 31st December, 1959

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

A-PERIODIC MEDICAL INSPECTIONS.

Ago Croups	No. of	Physica	al Condition	of Pupils In	spected	
Age Groups Inspected (By year of	Pupils Inspected	Satisfa	actory	Unsatisfactory		
birth)	Inspected	No.	% of Col. 2	No.	% of Col. 2	
(1)	(2)	(3)	(4)	(5)	(6)	
1955 and later	24	24	100		_	
1954	1025	1019	99.42	6	0.58	
1953	381	380	99.74	1	0.26	
1952	98	98	100		_	
1951	55	55	100		_	
1950	34	34	100		_	
1949	195	195	100			
1948	260	260	100		_	
1947	311	311	100		-	
1946	130	130	100			
1945	1172	1170	99.83	2	0.17	
1944 and earlier	342	342	100			
Total	4027	4018	99.78	9	0.22	

3—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

	Age Groi (By ye			l	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II (3)	Total individual pupils (4)
19	955 and later					5	
	1954				10	131	134
	1953				3	66	67
	1952				2	10	10
	1951				- Control of the Cont	10	10
	1950				3	3	6
	1949				28	26	50
	1948		• • •		41	40	76
	1947				46	28	73
	1946				39	14	50
	1945				92	119	198
19	944 and earlie	r			42	38	75
							-
T	otal				306	490	754

C-OTHER INSPECTIONS.

Number of Special Inspections Number of Re-Inspections	• • •	••	• • •	1361 142
		Total	• • •	1503

D-INFESTATION WITH VERMIN.

i)	Total number of examinations in the schools by the school	
	nurses or other authorised persons	25,317
ii)	Total number of individual pupils found to be infested	46
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	NIL
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	NII.

TABLE II.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

-						
	7	Periodic 1	Inspections	Special Inspections		
		Number	of defects	Number	of defects	
Defect Code No.	Defect or Disease	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requirir to be kept und observation but not requirin treatmen	
4	Skin (1)	(2) 43	(3) 86	(4)	(5)	
5	Eyes— (a) Vision (b) Squint (c) Other	306 53 31	$\frac{21}{16}$			
6	Ears—(a) Hearing (b) Otitis Media (c) Other	19 10 5	$\frac{16}{2}$	<u>1</u> 6	$\frac{1}{9}$	
7	Nose or Throat	72	155			
8	Speech	25	17	1		
9	Lymphatic Glands	1	20		1	
10	Heart	10	17			
11	Lungs	10	19			
12	Developmental:— (a) Hernia (b) Other	13 8	1 14	_	_	
13	Orthopaedic:— (a) Posture (b) Feet (c) Other	79 67 37	26 15 44		1	
14	Nervous System :— (a) Epilepsy (b) Other		3	_		
15	Psychological:— (a) Development (b) Stability	4 2	11 7		_	
16	Abdomen		_	_		
17	Other	2	1			

TABLE III.

REATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY ND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Group 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	oroup 1.—BIB Dio	Briodo, Dai	LIOZXV.			
,					Number of cases k o have been dealt	
	External and or	ther, excluding	ng error		o ilayo, seed dedic	******
	refraction a	and squint			62	
	Errors of Refrac	ction (includi	ng squi	nt)	1615	
	Total				1677	
	Number of pup		a spect	acles	2 40	
	were prescri	bed	• • •	• • •	746	
Grou	p 2.—DISEASES AN	ND DEFECTS	OF E	AR, N	OSE AND THRO	AT
				Nui	nber of cases know	wn
	D			to	have been treate	d
	Received operat	ases of the ea			15	
•		noids and ch		* * *	10	
,		is			310	
	, , , , , , , , , , , , , , , , , , ,	her nose a				
		ons			6	
	Received other f	orms or treat	ment		72	
	Total	• • • • • •			403	
					THE PARTY OF THE P	
	Total number of					
	are known to with hearing a		n prov.	iaea		
)	• • •	• • •	3	
		vious years			3	
	Group 3.—ORTH	PAEDIC AN	ND POS	TURA	L DEFECTS	
					umber of cases kr	10ven
					to have been trea	
4	Pupils treated a					
	departments	6			612	
	Pupils treated defects	at school ic	or post	urai	103	
	4020045	•••	• • •	• • •		
	Total	• • •	• • •	• • •	715	
roup	4.—DISEASES OF T	TE SKIN (e	xeluding	g uncle	anliness for which	800
		Table I—	,	Jumber	of cases known	
					ve been treated	
	Ringworm—(i) Scal		• • •	• • •	1	
	Scabies (ii) Body		• • •	• • •	1	
	Impetigo	•••	* * *	• • •	9	
	Other skin diseases	• • • • • • • • • • • • • • • • • • • •	• • •	•••	241	
4	Total	•••	• • •	e-Gr	252	
•					-	

Group 5.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	52 0
Group 6.—SPEECH THERA	PY
Pupils treated by Speech Therapists	147
Group 7.—OTHER TREATMENT	GIVEN
(a) Pupils with minor ailments	418
(b) Pupils who received convalescent treat-	
ment under School Health Service	
arrangements	NIL
(c) Pupils who received B.C.G. vaccination	2006
(d) Other than (a), (b) and (c) above	NIL

TABLE IV.

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the A	Autl	ority'	s Den	tal Offic	ers.	
	(a) At Periodic Inspections		• • •				13660
	(b) As Specials		• • •	• • •	•••	• • •	1383
			Tot	al (1)	• • •	• • •	15043
(2)	Number found to require treatment			• • •		• • •	7298
(3)	Number offered treatment		• • •			• • •	5531
(4)	Number actually treated					• • •	3622
(5)	Attendances made by pupils for tre- including those recorded at heading						10001
(6)	Half-days devoted to: Periodic (Sc	_	, ,			• • •	107
(0)	Treatment		···			• • •	1304
			Tot	al (6)	• • •		1411
(7)	Fillings: Permanent Teeth						6543
(*)	Temporary Teeth		• •			• • •	731
	1011111010111		Tot	al (7)			7274
(0)	NT	. 4.1 ₋		,			
(8)	No. of teeth filled: Permanent Tee				• • •	• • •	6201
	Temporary Tee	CII	 Тоt	al (8)		• • •	6911
			100	ai (6)	• • •		0911
(9)	Extractions: Permanent Teeth	\ <i>)</i>	Caries Ortho		529 293	}	822
	Temporary Teeth					• • •	1840
			Tot	al (9)		• • •	2662
(10)	Administration of general anaesthet	tics	for ext	ractio	n		1154
(11)	Orthodontics:						
	(a) Cases commenced during th	•		• • •	• • •	• • •	82
	(b) Cases carried forward from	_	•	rear	• • •		72
	(c) Cases completed during the	•		• • •	• • •	• • •	35
	(d) Cases discontinued during t	•	rear		• • •	• • •	11
	(e) Pupils treated with applian			• • •	• • •		154
	(f) Removable appliances fitted				* * *		105
	(g) Fixed appliances fitted			• • •	• • •	• • •	NIL
	(h) Total attendances		• • •	• • •	•••	• • •	823
(12)	Number of pupils supplied with art	tifici	al den	tures		• • •	30
(13)	Other operations:						
	Permanent teeth		• • •	• • •		• • •	1853
	Temporary teeth		• • •	• • •	• • •	• • •	566
					Total (13)	2419



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ruerperur ryremu	• • •	• • •	• • • • • • • • • • • • • • • • • • • •		• • •					
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